FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33404 1. Entity Name TPG FINANCIAL, INC.					Jul 22, 2002 8:00 am Secretary of State 07-22-2002 90158 003 ***550.00		
Principal Place of Business 101 WEST 11TH STREET. SUITE-1200 SUITE 1110 KANSAS CITY MO 64105 US 2. Principal Place of Business O WEST 11TY STREET Suite, Apt. #, etc. Suite, State City & State Mailing Address 101 WEST 11TH STREET. SUITE 1110 KANSAS CITY MO 64105 US 3. Mailing Address O WEST 11TY STREET. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			115 57				
KANS	AS CITY MO	City & State KANSAS C	114 M	,	43-1440536		Applied For Not Applicable
Zip 6 4	Country 4.0	Zip 64105	Country 4 5	-	5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current F		Fee Required 7. Name and Address of New Registered Agent				
BERGER, 1630 PEF SANIBEL		Name Street Address (P.O. Box Number is Not Acceptable)					
<u> </u>	City	El Zip Code					
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered	agent, or both, in the State of Florida. La	am familiar with	, and accept
SIGNATURE			: Registered Agent sign			····	
9. This corporate Tax filing (See criter	! FEE IS \$550 2002 Fee will le to Departme	0.00 be \$750.00		\$5.0	00 May Be d to Fees		
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVO, BRUCE A. 8812 LINDEN DRIVE PRAINE VILLAGE KS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/0 Provi 8812	o, Bruce A. Linden Drive		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROVO, CAROLINA E 8812 LINDEN DRIVE PRAIRRE VILLAGE KS 66207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Prove 8812	, Caroline Linden Drive	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	WILKERSON, WALLACE R. 406 EAST 10TH ST	☐ Delete	NAME STREET ADDRESS	1	erson, Wallace R. 23 Cordell Rd. Coney, Mo 640	B Lnanne_	Addition
TITLE	KEARNEY MO 64060		CITY-ST-ZIP	Kea	rney, MO 640	60	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	· · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE:

CITY-ST-ZIP

8/6- 421-7444 Daytime Phone #

STREET ADDRESS

CITY-ST-ZIP