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03-03-1999 90001 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33561

1. Corporation Name
TRIP MATE INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9225 WARD PKWY, 2ND FLOOR, KANSAS CITY MO 64114 US
Mailing Address: 9225 WARD PARKWAY, 2ND FLOOR, KANSAS CITY MO 64114 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 04/12/1991
4. FEI Number: 44-1062722
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 110 N. MAGNOLIA ST., TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name: The Prentice-Hall Corporation System, Inc., 82 Street Address: 1201 Hays Street, 84 City: Tallahassee, FL, 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bradley G. Finkle, 1-18-99

12. OFFICERS AND DIRECTORS: PD FINKLE, BRADLEY G., AS FINKLE, LINDA M., VD CARP, MARILYN, SD LATCHFORD, PAUL C, T MCCONNELL, MARTHA ANN, C REKOSKI, DAVID G.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP.

14. 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 annual report or supplemental annual 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Bradley G. Finkle, 1-18-99, 816-523-0280

CR2E034 (1/198)