

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0589498

DOCUMENT # P33561

1. Entity Name
TRIP MATE INSURANCE AGENCY, INC.

04-30-2001 90127 009 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 44-1062722 48-	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FINKLE, BRADLEY G.	
STREET ADDRESS	2804 WEST 177TH ST	
CITY-ST-ZIP	LEAWOOD KS 66211	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FINKLE, LINDA M.	
STREET ADDRESS	2804 WEST 117TH ST	
CITY-ST-ZIP	LEAWOOD KS 66211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN	
STREET ADDRESS	6218 DEEP COVE COURT	
CITY-ST-ZIP	PROSPECT KY 40059	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LATCHFORD, PAUL C	
STREET ADDRESS	5 KAMPMAN COURT	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCONNELL, MARTHA ANN	
STREET ADDRESS	1214 OAK CROFT DRIVE	
CITY-ST-ZIP	LUTHERVILLE MD 21093	
TITLE	C	<input type="checkbox"/> Delete
NAME	REKOSKI, DAVID G	
STREET ADDRESS	309 LIMESTONE VALLEY DRIVE	
CITY-ST-ZIP	COCKEYSVILLE MD 21030	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN CARP	
STREET ADDRESS	7019 Pheasant Cross Drive	
CITY-ST-ZIP	Baltimore, MD 21209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4070 Cloverleand Drive	
CITY-ST-ZIP	Phoenix, MD 21131	

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 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____ **4/20/01** **816-523-0280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)