

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33561

FILED
Apr 19, 2005
Secretary of State

Entity Name: TRIP MATE INSURANCE AGENCY, INC.

Current Principal Place of Business:

9225 WARD PKWY
2ND FLOOR
KANSAS CITY, MO 64114 US

New Principal Place of Business:

Current Mailing Address:

9225 WARD PARKWAY
2ND FLOOR
KANSAS CITY, MO 64114 US

New Mailing Address:

FEI Number: 48-1062722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINKLE, BRADLEY G.,
Address: 2804 WEST 177TH ST
City-St-Zip: LEAWOOD, KS 66211

Title: SD () Delete
Name: FINKLE, LINDA M.,
Address: 2804 WEST 117TH ST
City-St-Zip: LEAWOOD, KS 66211

Title: VP () Delete
Name: BROWN, DOUGLAS
Address: 11329 SLATER
City-St-Zip: OVERLAND PARK, KS 66210

Title: VP () Delete
Name: MCCAFFREY, DEBRA A
Address: 12405 WEST 110TH PLACE
City-St-Zip: LENEXA, KS 66215

Title: T () Delete
Name: RAZAFSKY, JANET L
Address: 11284 HEMLOCK
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCCAFFREY, DEBRA A
Address: 10521 GODDARD, APT. 292
City-St-Zip: OVERLAND PARK, KS 66214

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY G. FINKLE

PD

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date