## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P33561

FILED Jan 31, 2007 Secretary of State

Entity Name: TRIP MATE INSURANCE AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 9225 WARD PKWY 2ND FLOOR KANSAS CITY, MO 64114 US **Current Mailing Address: New Mailing Address:** 9225 WARD PARKWAY 2ND FLOOR KANSAS CITY, MO 64114 US FEI Number: 48-1062722 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition FINKLE, BRADLEY G., Name: Name: BRADLEY, 2804 WEST 177TH ST 2804 WEST 177TH ST Address: Address: City-St-Zip: LEAWOOD, KS 66211 City-St-Zip: LEAWOOD, KS 66211 US Title: Title: SD () Delete (X) Change ( ) Addition FINKLE, LINDA M., Name: Name: LINDA 2804 WEST 117TH ST 2804 WEST 117TH ST Address: Address: LEAWOOD, KS 66211 LEAWOOD, KS 66211 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition ( ) Delete Title: BROWN, DOUGLAS BROWN, DOUGLAS Name: Name: 11329 SLATER 11329 SLATER Address: Address: City-St-Zip: OVERLAND PARK, KS 66210 City-St-Zip: OVERLAND PARK, KS 66210 US Title: VΡ ( ) Delete Title: (X) Change ( ) Addition

City-St-Zip: OVERLAND PARK, KS 66214 City-St-Zip: OVERLAND PARK, KS 66214 US Title: Title: () Delete (X) Change ( ) Addition RAZAFSKY, JANET L RAZAFSKY, JANET L Name: Name: 11284 HEMLOCK 11284 HEMLOCK Address: Address: OVERLAND PARK, KS 66210 US City-St-Zip: OVERLAND PARK, KS 66210 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

MCCAFFREY, DEBRA A

10521 GODDARD, APT. 292

SIGNATURE: BRADLEY G FINKLE P 01/31/2007

MCCAFFREY, DEBRA A

10521 GODDARD, APT. 292

Name:

Address: