## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P33561

FILED Jan 23, 2009 Secretary of State

Entity Name: TRIP MATE INSURANCE AGENCY, INC.

urrent Pi	rincipal Place o	ot Business:	New Princ	cipal Place of Business:
	D PKWY			
ND FLOC		4 110		
ANSAS C	OITY, MO 64114	4 US		
ırrent M	ailing Address	<b>5:</b>	New Mail	ing Address:
	D PARKWAY			
ND FLOC		1 110		
ANSAS C	OITY, MO 64114	4 US		
Number:	48-1062722	FEI Number Applied For (	) FEI Number Not App	licable ( ) Certificate of Status Desired ( )
me and	Address of Cu	ırrent Registered Agen	nt: Name and	Address of New Registered Agent:
IE PREN	NTICE-HALL CO	RPORATION SYSTEM,	, INC.	
01 HAYS				
LLAHAS	SSEE, FL 3230 <sup>-</sup>	1 US		
	,	1 20 00 00		
	named entity รเ e of Florida.	ubmits this statement for	the purpose of changing	its registered office or registered agent, or be
SNATUF				
	Electronic	c Signature of Registered	d Agent	Date
		_		
ection Can	npaign Financing	Trust Fund Contribution ( ).		
	npaign Financing			NS/CHANGES TO OFFICERS AND DIREC
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FICERS e: ne: lress:	P () E BRADLEY, 2804 WEST 177	ORS: Delete TH ST	<b>ADDITION</b> Title: Name: Address:	P (X) Change ( ) Addition FINKLE, BRADLEY 2804 WEST 177TH ST
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I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BRADLEY G. FINKLE P 01/23/2009