

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33561

FILED  
Jan 23, 2009  
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: P ( ) Delete  
Name: BRADLEY,  
Address: 2804 WEST 177TH ST  
City-St-Zip: LEAWOOD, KS 66211 US

Title: S ( ) Delete  
Name: LINDA,  
Address: 2804 WEST 117TH ST  
City-St-Zip: LEAWOOD, KS 66211 US

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

Title: V ( ) Delete  
Name: MCCAFFREY, DEBRA A  
Address: 10521 GODDARD, APT. 292  
City-St-Zip: OVERLAND PARK, KS 66214 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINKLE, BRADLEY  
Address: 2804 WEST 177TH ST  
City-St-Zip: LEAWOOD, KS 66211 US

Title: S (X) Change ( ) Addition  
Name: FINKLE, LINDA  
Address: 2804 WEST 117TH ST  
City-St-Zip: LEAWOOD, KS 66211 US

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

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

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

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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date