

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33561

FILED  
Feb 18, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FINKLE, BRADLEY  
Address: 2804 WEST 117TH ST  
City-St-Zip: LEAWOOD, KS 66211 US

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

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

Title: V  
Name: MCCAFFREY, DEBRA A  
Address: 12405 WEST 100TH PLACE  
City-St-Zip: LENEXA, KS 66215 US

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

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY G FINKLE

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date