


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90185 040 ***150.00

0662343 AT

DOCUMENT # P33561
1. Entity Name
TRIP MATE INSURANCE AGENCY, INC.



Principal Place of Business
**9225 WARD PKWY
2ND FLOOR
KANSAS CITY MO 64114
US**

Mailing Address
**9225 WARD PARKWAY
2ND FLOOR
KANSAS CITY MO 64114
US**

20028911



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip Country

4. FEI Number **48-1062722**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FINKLE, BRADLEY G.	
STREET ADDRESS	2804 WEST 177TH ST	
CITY-ST-ZIP	LEAWOOD KS 66211	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FINKLE, LINDA M.	
STREET ADDRESS	2804 WEST 117TH ST	
CITY-ST-ZIP	LEAWOOD KS 66211	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CARP, MARILYN	
STREET ADDRESS	7019 PHEASANT CROSS DRIVE	
CITY-ST-ZIP	BALTIMORE MD 21209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LATCHFORD, PAUL C	
STREET ADDRESS	5 KAMPAN COURT	
CITY-ST-ZIP	SPARKS GLENCOE MD 21152	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCONNELL, MARTHA ANN	
STREET ADDRESS	1214 OAK CROFT DRIVE	
CITY-ST-ZIP	LUTHERVILLE MD 21093	
TITLE	D	<input type="checkbox"/> Delete
NAME	REKOSKI, DAVID G	
STREET ADDRESS	4070 CLOVERLEAND DRIVE	
CITY-ST-ZIP	PHOENIX MD 21131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4/4/03** **816-523-0280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)