

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

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 006 ***150.00

DOCUMENT # V28978

1. Entity Name
Lockton Insurance Agency of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
444 W. 47th Street
Suite, Apt. #, etc.

3. Mailing Address
444 W. 47th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite 900
City & State
Kansas City, MO
Zip
64112-1906
Country
Jackson

4. FEI Number
48-114424
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City
Plantation, FL Zip Code
33324

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Secretary/Treasurer
Michael C. Frost
444 W. 47th Street, Suite 900
Kansas City, MO 64112-1906

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Frost 01/02/02 819-960-9007