

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 10 AM 8:59

DOCUMENT # 845870 (5)

1. Corporation Name

METMOR FINANCIAL, INC.

600001453946
-04/12/95--01016--016
*****200.00 *****200.00

Principal Place of Business Mailing Address
Attn: Legal Department 9225 Indian Creek Pkwy. S-300 Overland Park, KS 66210
Attn: Legal Department 9225 Indian Creek Pkwy. S300 Overland Park, KS 66210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1980	3a. Date of Last Report 04/13/1994
21	26	4. FEI Number 95-3425614		Applied For Not Applicable	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. Pine Island Road Plantation, FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia A. Reichert	1.2 NAME	
STREET ADDRESS	9225 Indian Creek Parkway, Ste. 300	1.3 STREET ADDRESS	
CITY, ST, ZIP	Overland Park, KS 66210	1.4 CITY, ST, ZIP	
TITLE	Chairman	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Clark	2.2 NAME	
STREET ADDRESS	1 Madison Avenue	2.3 STREET ADDRESS	
CITY, ST, ZIP	New York, NY 10010	2.4 CITY, ST, ZIP	
TITLE	Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James B. Digney	3.2 NAME	
STREET ADDRESS	1 Madison Avenue	3.3 STREET ADDRESS	
CITY, ST, ZIP	New York, NY 10010	3.4 CITY, ST, ZIP	
TITLE	Senior Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John A. Holtmann	4.2 NAME	
STREET ADDRESS	9225 Indian Creek Parkway, Ste. 300	4.3 STREET ADDRESS	
CITY, ST, ZIP	Overland Park, KS 66210	4.4 CITY, ST, ZIP	
TITLE	Vice President/Treasurer	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry W. Crawford	5.2 NAME	
STREET ADDRESS	9225 Indian Creek Parkway, Ste. 300	5.3 STREET ADDRESS	
CITY, ST, ZIP	Overland Park, KS 66210	5.4 CITY, ST, ZIP	
TITLE	Senior Vice President	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene B. Ansley, Jr.	6.2 NAME	
STREET ADDRESS	9225 Indian Creek Parkway, Ste. 300	6.3 STREET ADDRESS	
CITY, ST, ZIP	Overland Park, KS 66210	6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
John A. Holtmann, Senior Vice President
3/30/95 913-661-0555
LW 4-10-95