

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004455

FILED
Apr 08, 2011
Secretary of State

Entity Name: H&W INSURANCE SERVICES, INC.

Current Principal Place of Business:

4300 SHAWNEE MISSION PKWY, SUITE 101
FAIRWAY, KS 66205

New Principal Place of Business:

4210 SHAWNEE MISSION PKWY #203A
FAIRWAY, KS 66205

Current Mailing Address:

P.O. BOX 1085
SHAWNEE MISSION, KS 662221085

New Mailing Address:

FEI Number: 48-1238205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL FL33470 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: CEOC
Name: WORRALL, JOHN L
Address: 4210 SHAWNEE MISSION PKWY #203A
City-St-Zip: FAIRWAY, KS 66205

Title: PCOO
Name: GEIS, BERNARD R
Address: 4210 SHAWNEE MISSION PKWY #203A
City-St-Zip: FAIRWAY, KS 66205

Title: EVST
Name: BURROWS, RONALD G
Address: 4210 SHAWNEE MISSION PKWY #203A
City-St-Zip: FAIRWAY, KS 66205

Title: BM
Name: TILTON, MICHELLE W
Address: 4210 SHAWNEE MISSION PKWY #203A
City-St-Zip: FAIRWAY, KS 66205

Title: V
Name: DARR, GLORIA J
Address: 4210 SHAWNEE MISSION PKWY #203A
City-St-Zip: FAIRWAY, KS 66205

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: BERNARD R. GEIS

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date