

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90123 026 ***150.00

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1. Entity Name
H&W INSURANCE SERVICES, INC.

Principal Place of Business
**4300 SHAWNEE MISSION PKWY. SUITE 101
SHAWNEE MISSION KS 66205**

Mailing Address
**P.O. BOX 1085
SHAWNEE MISSION KS 66222-1085**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **48-1238205**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOC** ☐ Delete
NAME **JOHN LAWRENCE WORRALL**
STREET ADDRESS **4600 MADISON, SUITE 717**
CITY-ST-ZIP **KANSAS CITY MO 64112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCOO** ☐ Delete
NAME **GEIS, BERNARD R**
STREET ADDRESS **4300 SHAWNEE MISSION PKWY, SUITE 101**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVST** ☐ Delete
NAME **BURROWS, RONALD G**
STREET ADDRESS **4300 SHAWNEE MISSION PKWY, SUITE 101**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VBM** ☐ Delete
NAME **MARTA DIANE LOVE**
STREET ADDRESS **4300 SHAWNEE MISSION PKWY, SUITE 101**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☐ Delete
NAME **TILTON, MICHELLE W**
STREET ADDRESS **4300 SHAWNEE MISSION PKWY, SUITE 101**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4600 Madison, Suite 717**
CITY-ST-ZIP **Kansas City, MO 64112**

TITLE **V** ☐ Delete
NAME **DARR, GLORIA J**
STREET ADDRESS **4300 SHAWNEE MISSION PKWY, SUITE 101**
CITY-ST-ZIP **SHAWNEE MISSION KS 66205**

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard R. Geis, President

Date

Daytime Phone #

1/28/03

913-676-9305

CR2E034 (10/02)