

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

112

DOCUMENT # **837350** (8)
1. Corporation Name
GILBERT SOUTHERN CORP.



Principal Place of Business: **3555 FARNAM ST PO BOX 31032 OMAHA NE 68131**
Mailing Address: **3555 FARNAM ST PO BOX 31032 OMAHA NE 68131**

3. Date Incorporated or Qualified: **11/10/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **47-0530367**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CASSELS, SCOTT L.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 PALZA DR	1.2 NAME	
STREET ADDRESS	COLLEGE PK GA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T ACKERMAN, LEE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 KIEWIT PLAZA	2.2 NAME	
STREET ADDRESS	OMAHA NE	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VP CRISTOFARO, ALFRED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 PLAZA DR.	3.2 NAME	
STREET ADDRESS	COLLEGE PARK GA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS BURKHALTER, RONALD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3555 FARNAM STREET	4.2 NAME	
STREET ADDRESS	OMAHA NE	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S KEARNS, ALLEN R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3555 FARNAM ST	5.2 NAME	
STREET ADDRESS	OMAHA NE	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	AS PERRY, GARLAND D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 KIEWIT PLAZA	6.2 NAME	
STREET ADDRESS	OMAHA NE	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

Please see attached list.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 the 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: *Rodney K. Rosenthal* Rodney K. Rosenthal, Secretary 4/25/96 (402)342-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

