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May 06 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

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 68131-0032

| | | | | | |
|--------------------------------|----|---------------------|----|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 22 | 26 | 27 | 11/10/1976 | 05/01/1996 |
| 23. City & State | | 28. City & State | | 4. FEI Number | Applied For |
| 24. Zip | | 29. Zip | | 47-0530367 | Not Applicable |
| Country | | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 25 | | 30 | | 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 607.0602 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 607.0605, Florida Statutes

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 510 PLAZA DR. | 3.2 NAME | VP |
| STREET ADDRESS | COLLEGE PARK GA | 3.3 STREET ADDRESS | Writt, Thomas E. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 510 Plaza Dr. |
| TITLE | AS BURKHALTER, RONALD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3555 FARNAM STREET | 4.2 NAME | VP |
| STREET ADDRESS | OMAHA NE | 4.3 STREET ADDRESS | Samuelson, Kirk R. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 510 Plaza Dr. |
| TITLE | S KEARNS, ALLEN R | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3555 FARNAM ST | 5.2 NAME | S |
| STREET ADDRESS | OMAHA NE | 5.3 STREET ADDRESS | Rosenthal, Rodney K. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 3555 Farnam Street |
| 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 | |

14. I do 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 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 a address.

SIGNATURE: *Rodney K. Rosenthal* Rodney K. Rosenthal, Secretary 4-28-97 (402) 342-2052

CR2E034 (9/96)