

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90050 029 \*\*\*150.00

0550168

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 837350**  
 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3555 Farnam Street	2a. Mailing Address 26 Accounting Operations
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 3555 Farnam Street
23 City & State Omaha, NE	28 City & State Omaha, NE
24 Zip 68131-3302	29 Zip 68131-3302
25 Country	30 Country

3. Date Incorporated or Qualified 11/10/1976	4. FEI Number 47-0530367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CASSELS, SCOTT L.	
STREET ADDRESS	510 PALZA DR	
CITY-ST-ZIP	COLLEGE PK GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROKKE, GREGORY D	
STREET ADDRESS	3555 FARNAM STREET	
CITY-ST-ZIP	OMAHA NE 68131	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WRITT, THOMAS E	
STREET ADDRESS	510 PLAZA DR.	
CITY-ST-ZIP	COLLEGE PARK GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MASSMANN, MARK F	
STREET ADDRESS	510 PLAZA DR.	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, RODNEY K	
STREET ADDRESS	3555 FARNAM ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PERRY, GARLAND D.	
STREET ADDRESS	510 PLAZA DRIVE	
CITY-ST-ZIP	COLLEGE PARK GA 30349	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas R. Howell	
1.3 STREET ADDRESS	510 Plaza Drive	
1.4 CITY-ST-ZIP	College Park, GA 30349	
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael F. Norton	
2.3 STREET ADDRESS	3555 Farnam Street	
2.4 CITY-ST-ZIP	Omaha, NE 68131-3302	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lee E. Ellingson	
3.3 STREET ADDRESS	3555 Farnam Street	
3.4 CITY-ST-ZIP	Omaha, NE 68131-3302	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Rodney K. Rosenthal* Rodney K. Rosenthal 4/23/99 402-342-2052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)