

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 005 ***150.00

DOCUMENT # F02000004468
1. Entity Name AEG Processing Center No. 58, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10805 Old Mill Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3646 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Omaha, NE	City & State Omaha, NE	4. FEI Number 81-0564322	Applied For <input type="checkbox"/> Not Applicable
Zip 68154	Country USA	Zip 68103-0646	Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City Plantation, FL	Zip Code 33324

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P/D	NAME Sidney Ferenc	TITLE	
STREET ADDRESS 10805 Old Mill Road	CITY - ST - ZIP Omaha, NE 68154	STREET ADDRESS	
TITLE S/D	NAME Steven Menzies	TITLE	
STREET ADDRESS 10805 Old Mill Road	CITY - ST - ZIP Omaha, NE 68154	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Sidney Ferenc</i>	Sidney Ferenc President	4-8-03	402-342-4900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)