

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90119 015 ***150.00

DOCUMENT # F94000001912
 1. Entity Name
AUTOMATED MONITORING AND CONTROL INTERNATIONAL,

Principal Place of Business 11819 MIAMI STREET OMAHA NE 68164	Mailing Address 11819 MIAMI STREET OMAHA NE 68114-2356
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2. Principal Place of Business 9119 Western Ave Suite, Apt. #, etc.	3. Mailing Address 9119 Western Ave Suite, Apt. #, etc.
City & State Omaha, NE 68114	City & State Omaha, NE

Zip 68114	Country USA	Zip 68114	Country USA	4. FEI Number 47-0702559	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENNISON, LYNDEN L 11819 MIAMI STREET OMAHA NE 68164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tennison, Lynden L 9119 Western Ave Omaha, NE 68114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARR, WILLIAM G 1416 DODGE ST OMAHA NE 68179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barr, William G 1416 Dodge St Omaha, NE 68179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KORALESKI, JACK 1416 DODGE STREET OMAHA NE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koraleski, Jack 1416 Dodge St Omaha, NE 68179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGEN, GEORGE 7930 CLAYTON RD ST LOUIS MO 63117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, JOYCE 1416 DODGE STREET OMAHA NE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Bryan Jr, L Merill 1416 Dodge St Omaha, NE 68179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORALESKI, JACK 1416 DODGE ST OMAHA NE 68179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butler, Eric L 1416 Dodge St Omaha, NE 68179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDEN TENNISON Date: 3/8/2000 Daytime Phone #: 402-926-5656

CR2E034 (9/99)