

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

**FILED**

**Apr 07 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 # F95000005036 (7)**

1. Corporation Name  
**KIRKPATRICK, PETTIS, SMITH, POLIAN INC.**



Principal Place of Business  
**10250 REGENCY CIR  
OMAHA NE 68114**

Mailing Address  
**10250 REGENCY CIR  
OMAHA NE 68114-3706**

3. Date Incorporated or Qualified **10/17/1995** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **47-0301070** Applied For  Not Applicable  
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

2. Principal Place of Business  
21 **10250 Regency Circle**  
Suite, Apt. #, etc.  
22 **Suite 400**  
City & State  
23 **Omaha, Nebraska**  
Zip Country  
24 **68114** 25 **Douglas**  
2a. Mailing Address  
26 **10250 Regency Circle**  
Suite, Apt. #, etc.  
27 **Suite 400**  
City & State  
28 **Omaha, Nebraska**  
Zip Country  
29 **68114** 30 **Douglas**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSON, L.C.</b>
STREET ADDRESS	<b>9921 ESSEX DR OMAHA NE 68114</b>
CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAGINN, JOHN</b>
STREET ADDRESS	<b>1908 N 101ST ST OMAHA NE 68114</b>
CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STURGEON, JOHN A</b>
STREET ADDRESS	<b>1705 N 129TH ST OMAHA NE 68154</b>
CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LAHTI, PETER</b>
STREET ADDRESS	<b>6620 UNDERWOOD AVE OMAHA NE 68132</b>
CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, CHERYL</b>
STREET ADDRESS	<b>1432 N 131ST AVE CIR OMAHA NE 68154</b>
CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HOYT, SCOTT C</b>
STREET ADDRESS	<b>4016 STATE ST OMAHA NE 68112</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lahti, Peter</b>
1.3 STREET ADDRESS	<b>6620 Underwood Ave.</b>
1.4 CITY - ST - ZIP	<b>Omaha, NE 68132</b>
2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kelly, III, John</b>
2.3 STREET ADDRESS	<b>310 South 55th Street</b>
2.4 CITY - ST - ZIP	<b>Omaha, NE 68132</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 an address.

SIGNATURE: Scott C. Hoyt **Scott C. Hoyt, Executive Vice President** 03/26/97 402-392-8310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)