

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005036 (7)

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

Principal Place of Business 10250 REGENCY CIR STE 400 OMAHA NE 68114 US	Mailing Address 10250 REGENCY CIR STE 400 OMAHA NE 68114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 47-0301070	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, JOHN III	1.2 NAME	Jeffrey N. Sime
STREET ADDRESS	310 S 55TH ST	1.3 STREET ADDRESS	4203 S. 174th St
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	Omaha, NE 68135
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGINN, JOHN	2.2 NAME	
STREET ADDRESS	1908 N 101ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGEON, JOHN A	3.2 NAME	
STREET ADDRESS	1705 N 129TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	3.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHTI, PETER	4.2 NAME	
STREET ADDRESS	6620 UNDERWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CHERYL	5.2 NAME	
STREET ADDRESS	1432 N 131ST AVE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYT, SCOTT C	6.2 NAME	
STREET ADDRESS	4016 STATE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68112	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)(l), 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:  **Jeffrey N. Sime, EVP & CFO** Date: **04/06/98** Daytime Phone #: **402-392-7925**

CR2E034 (10/97)