

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M10987** (9)  
1. Corporate Name  
**RADICE INVESTMENT CORP.**

Principal Place of Business: **222 S 15TH ST. STE. 600 N OMAHA NE 68102 US**  
Mailing Address: **222 S 15TH STE. 600 N OMAHA NE 68102 US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **01/25/1985** 3a. Date of Last Report: **05/20/1994**  
4. FEI Number: **59-2522767** 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 198.032, Florida Statute:  Yes  No

2. Principal Place of Business: 21. State: **26** Mailing Address: 22. State: **27**  
23. City & State: 28. City & State:  
24. County: 25. County: 29. County: 30. County:

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.1505, 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 understand the duties of Section 607.03(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ No. \_\_\_\_\_ Registered Agent Signature (Required for Filing)

12. OFFICERS AND DIRECTORS

NAME	<b>P GERBER, WILLIAM J</b>
STREET ADDRESS	<b>222 S 15TH ST., STE. 600 N</b>
CITY	<b>OMAHA NE</b>
NAME	<b>T MACE, GEORGIA M</b>
STREET ADDRESS	<b>222 S 15TH ST., STE. 600 N</b>
CITY	<b>OMAHA NE</b>
NAME	<b>S KNOLLA, PETER A</b>
STREET ADDRESS	<b>222 S 15TH ST., STE. 600 N</b>
CITY	<b>OMAHA NE</b>
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY	<b>OMAHA, NE 68102</b>	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY	<b>OMAHA, NE 68102</b>	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY	<b>OMAHA, NE 68102</b>	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the information shown on this form. I further certify that the information is also filed on this annual report or subsequent annual report of this corporation and that this report and that have the same legal effect as if they were certified that they are true and correct for the corporation or the reason of the filing and are subject to the provisions of Chapter 407, Florida Statutes, and that they have appeared on Block A or Block C of the report or on an attachment with its filing.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

04/29/95 (402) 344-8800

APPROVED AND FILED  
MAY -1 AM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA