FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

* PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002343 (1)**

1. Corporation Name

MRI RELOCATION MANAGEMENT, INC.

Principal Place of Business

11836 ARBOR ST.
OMAHA NE 68144

Mailing Address

11836 ARBOR ST.
OMAHA NE 68144

3. Date Incorporated or Qualified: **05/06/1994**

3a. Date of Last Report: **09/21/1995**

4. FEI Number: **47-0625691** [ ] 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 [X] No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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 Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	[ ] DELETE	1 TITLE: D	[ ] Change [X] Addition
NAME	HILL, MERI M		1a NAME: R. Darlene Firestone	
STREET ADDRESS	11836 ARBOR ST.		1b STREET ADDRESS: 11836 Arbor Street	
CITY-ST-ZIP	OMAHA NE 68144		1c CITY-ST-ZIP: Omaha, NE 68144	
TITLE	VSTD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	DUNBAR, ARLO G		2a NAME	
STREET ADDRESS	11836 ARBOR ST.		2b STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68144		2c CITY-ST-ZIP	
TITLE	D	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	MCCARTHY, MICHAEL R		3a NAME	
STREET ADDRESS	11836 ARBOR ST.		3b STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68144		3c CITY-ST-ZIP	
TITLE	D	[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME	WERNER-ROBERTSON, GAIL		4a NAME	
STREET ADDRESS	11836 ARBOR ST.		4b STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68144		4c CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and 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 12 or Block 13 above, or on an attachment with an [illegible].

SIGNATURE: Arlo G Dunbar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/96
Date

(402) 330-9605
Daytime Phone