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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



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

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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

0499468

CR2E034 (9/96)