

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murphree
Secretary of State
DIVISION OF CORPORATIONS

04/29/95 - 1 AM 2:57

DOCUMENT # 435601 (0)

1. Corporate Name
RADICE OFFICE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O THE MAJOR GROUP INC
222 S 15TH / STE 600 N
OMAHA NE 68102
US**

Mailing Address: **THE MAJOR GROUP, INC.
222 S. 15TH, SUITE 600 N
OMAHA NE 68102
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Creation)	3a. Date of Last Report
11/20/1973	05/24/1994
4. FET Number	Applied For / Not Applicable
59-1496344	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 198.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
State Apt # etc	State Apt # etc
22	27
City & State	City & State
23	28
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 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 607.0502, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFF	P	1. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, WILLIAM J.	1.1 NAME	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	1.1 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE	1.1 CITY, ST, ZIP	OMAHA, NE 68102
OFF	T	2. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, GEORGIA M.	2.1 NAME	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	2.1 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE	2.1 CITY, ST, ZIP	OMAHA, NE 68102
OFF	S	3. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLLA, PETER	3.1 NAME	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	3.1 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE	3.1 CITY, ST, ZIP	OMAHA, NE 68102
OFF		4. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY, ST, ZIP		4.1 CITY, ST, ZIP	
OFF		5. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY, ST, ZIP		5.1 CITY, ST, ZIP	
OFF		6. OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY, ST, ZIP		6.1 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(3)(b), Florida Statutes. I further certify that the information provided 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 receive this report as required by Chapter 191, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____ (Signature of Signing Officer or Director)

04/29/95 (402) 344-8800