

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

FILED
May 06 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 # **435601** (0)
1. Corporation Name
RADICE OFFICE CORPORATION

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1973	
4. FEI Number 59-1496344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 68102-1628	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 68102-1628

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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	
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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 NAME STREET ADDRESS CITY-ST-ZIP	P GERBER, WILLIAM J. 222 S. 15TH ST., SUITE 600 NORTH OMAHA NE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D 68102-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACE, GEORGIA M. 222 S. 15TH ST., SUITE 600 NORTH OMAHA NE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/D 68102-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNOLLA, PETER 222 S. 15TH ST., SUITE 600 NORTH OMAHA NE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D 68102-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P/D Coon, Kenneth C. 222 South 15th Street, Suite 600 North Omaha, Nebraska 68102-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Nelson, John P. 222 South 15th Street, Suite 600 North Omaha, Nebraska 68102-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

14. I 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.

Georgia M. Mace

Treasurer 4/15/98 (102) 244 8800

CR2E034 (10/97)