

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 664287 (0)
1. Corporation Name
NETWORKS, INC.

Principal Place of Business Mailing Address
ATTN: THERESE HAINFIELD
10810 FARNAM DRIVE
OMAHA NE 68154
ATTN: THERESE HAINFIELD
10810 FARNAM DRIVE
OMAHA NE 68154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 10810 Farnam Drive	26 10810 Farnam Drive	3. Date Incorporated or Qualified 02/06/1980	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1978956	
22	27 Attn: Tax Dept.	Applied For Not Applicable	
City & State 23 Omaha, NE	City & State 28 Omaha, NE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 68154	Zip 29 68154	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Douglas	Country 30 Douglas	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRFIELD, BILL	1.2 NAME	
STREET ADDRESS	10810 FARNAM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUENTHNER, DAVID	2.2 NAME	
STREET ADDRESS	10810 FARNAM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERKMAN, LEAN	3.2 NAME	
STREET ADDRESS	10810 FARNAM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFAN, MICHAEL	4.2 NAME	
STREET ADDRESS	10810 FARNAM DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE

Michael Steffan

5/1/98 11:27:29 3900

CR2E034 (10/97)