


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 844426					
1. Entity Name NEBRASKA BOOK COMPANY, INC.					
Principal Place of Business 4700 SO. 19TH STREET LINCOLN, NE 68512			Mailing Address P.O. BOX 80529 LINCOLN, NE 68501		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 47-0549819				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	OPPEGARD, MARK W.				
STREET ADDRESS	3033 SO. 20TH ST.				
CITY-ST-ZIP	LINCOLN, NE 68502				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	REMPE, LARRY R.				
STREET ADDRESS	5712 CALVERT				
CITY-ST-ZIP	LINCOLN, NE 68506				
TITLE	V	<input type="checkbox"/> Delete			
NAME	HOFF, THOMAS A.				
STREET ADDRESS	7500 CARDWELL CIRCLE				
CITY-ST-ZIP	LINCOLN, NE 68523				
TITLE	V	<input type="checkbox"/> Delete			
NAME	JIROVSKY, KENNETH J.				
STREET ADDRESS	6120 WOODSTOCK				
CITY-ST-ZIP	LINCOLN, NE 68512				
TITLE	VS	<input checked="" type="checkbox"/> Delete			
NAME	ARNDT, ARDEAN A				
STREET ADDRESS	2335 STONE CREEK LOOP SOUTH				
CITY-ST-ZIP	LINCOLN, NE 68512				
TITLE	T	<input type="checkbox"/> Delete			
NAME	SIEMEK, ALAN G				
STREET ADDRESS	14453 NELSONS CREEK DR.				
CITY-ST-ZIP	OMAHA, NE 68116				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Morris, Cynthia L.				
STREET ADDRESS	2304 Sheridan Blvd				
CITY-ST-ZIP	Lincoln, NE 68502				
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cynthia L Morris</u> <u>Cynthia L. Morris, Secretary</u> 4/28/03 (402) 421-0500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)