## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am DOC⊌MENT # F0000001587 Secretary of State 1. Entity Name DATA MANAGEMENT PRODUCTS, INC. 02-28-2001 90090 025 \*\*\*150.00 Principal Place of Business Mailing Address 14010 FIRST NATIONAL BANK PARKWAY 14010 FIRST NATIONAL BANK PARKWAY UUUUUU440 OMAHA NE 68154 OMAHA NE 68154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 47-0624710 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code F 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE oatman, Russell K NAME NAME STREET ADDRESS STREET ADDRESS 1620 DODGE STREET CITY-ST-ZIP CITY-ST-7IE **OMAHA NE 68102** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HENRY, J. WILLIAM NAME STREET ADDRESS STREET ADDRESS 1620 DODGE STREET CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68102** TITLE ☐ Delete TITLE Change ■ Addition SCHMIDT, JAMES C.C. NAME NAME STREET ADDRESS STREET ADDRESS 1620 DODGE STREET CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68102** Change TITLE ST ☐ Delete TITLE Addition NAME HART, TIMOTHY D NAME STREET ADDRESS STREET ADDRESS 1620 DODGE STREET CITY-ST-ZIP CITY-ST-ZIP OMAHA NE 68102 Change TITLE ☐ Delete TITLE Addition NAME NAME MILLS, JAMES A STREET ADDRESS STREET ADDRESS 14010 FIRST NATIONAL BANK PARKWAY CITY - ST- ZIP CITY-ST-ZIP **OMAHA NE 68154** Asst. Secretary TITLE ☐ Delete TITLE ☐ Change X Addition O'CONNOY maureen NAME SNODGRASS, DARREN NAME 1620 Dodge STREET ADDRESS STREET ADDRESS 14010 FIRST NATIONAL BANK PARKWAY CITY-ST-ZIP CITY-ST-ZIP omaha. OMAHA NE 68154

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1 QuyLa O Comm 1/1AUREEN O SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O'CONNOR 2/9/01 (402)633.3106

**FILED** 

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