

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90252 026 ***150.00

DOCUMENT # F00000001587

1. Entity Name

DATA MANAGEMENT PRODUCTS, INC.



Principal Place of Business

**14010 FIRST NATIONAL BANK PARKWAY
OMAHA NE 68154**

Mailing Address

**14010 FIRST NATIONAL BANK PARKWAY
OMAHA NE 68154**

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

47-0624710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **OATMAN, RUSSELL K**
STREET ADDRESS **1620 DODGE STREET**
CITY-ST-ZIP **OMAHA NE 68102**

TITLE **Vice President/Director** ☐ Change ☒ Addition
NAME **Michael Reynolds**
STREET ADDRESS **1620 Dodge St.**
CITY-ST-ZIP **Omaha, NE 68197**

TITLE **D** ☒ Delete
NAME **HENRY, J. WILLIAM**
STREET ADDRESS **1620 DODGE STREET**
CITY-ST-ZIP **OMAHA NE 68102**

TITLE **Asst. Secretary** ☐ Change ☒ Addition
NAME **maureen O'Connor**
STREET ADDRESS **1620 Dodge St.**
CITY-ST-ZIP **Omaha, NE 68197**

TITLE **D** ☐ Delete
NAME **SCHMIDT, JAMES C.C.**
STREET ADDRESS **1620 DODGE STREET**
CITY-ST-ZIP **OMAHA NE 68102**

TITLE **Tax Officer** ☐ Change ☒ Addition
NAME **Sara L. Rathjen**
STREET ADDRESS **1620 Dodge St.**
CITY-ST-ZIP **Omaha, NE 68197**

TITLE **ST** ☐ Delete
NAME **HART, TIMOTHY D**
STREET ADDRESS **1620 DODGE STREET**
CITY-ST-ZIP **OMAHA NE 68102**

TITLE **Director** ☐ Change ☒ Addition
NAME **Elias Eliopoulos**
STREET ADDRESS **1620 Dodge St.**
CITY-ST-ZIP **Omaha, NE 68197**

TITLE **P** ☐ Delete
NAME **MILLS, JAMES A**
STREET ADDRESS **14010 FIRST NATIONAL BANK PARKWAY**
CITY-ST-ZIP **OMAHA NE 68154**

TITLE **Director** ☐ Change ☒ Addition
NAME **Richard A. Huddleston**
STREET ADDRESS **1620 Dodge St.**
CITY-ST-ZIP **Omaha, NE 68197**

TITLE **V** ☐ Delete
NAME **SNODGRASS, DARREN**
STREET ADDRESS **14010 FIRST NATIONAL BANK PARKWAY**
CITY-ST-ZIP **OMAHA NE 68154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara L. Rathjen 2-10-03 402-633-7510

Date

Daytime Phone #

CR2E034 (10/02)