

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 038 \*\*\*158.75

DOCUMENT # F01000005146

1. Entity Name  
 COCHRAN & WILKEN, INC.



Principal Place of Business: 2300 W. SAHARA AVE., SUITE 800 LAS VEGAS, NV 98102 US  
 Mailing Address: 2300 W. SAHARA AVE., SUITE 800 LAS VEGAS, NV 98102 US

2. Principal Place of Business - No P.O. Box #: 8404 Indian Hills Drive  
 Suite, Apt. #, etc.  
 3. Mailing Address: 8404 Indian Hills Drive  
 Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)



City & State: Omaha, NE

4. FEI Number: 37-1156805  
 Applied For: Not Applicable

Zip: 68114 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: WILKEN, GARY A STREET ADDRESS: 56 BROOKSIDE PLACE CITY-ST-ZIP: SPRINGFIELD, IL 62704	<input type="checkbox"/> Delete
TITLE: S NAME: PACHMAN, LOUIS J STREET ADDRESS: 5008 CHICAGO STREET CITY-ST-ZIP: OMAHA, NE 68132	<input type="checkbox"/> Delete
TITLE: V NAME: COCHRAN, LINCOLN D STREET ADDRESS: 2621 WESTPORT DRIVE CITY-ST-ZIP: SPRINGFIELD, FL 62711	<input type="checkbox"/> Delete
TITLE: T NAME: LACEY, WENDY L STREET ADDRESS: 6804 N 106TH CIRCLE CITY-ST-ZIP: OMAHA, NE 68122	<input type="checkbox"/> Delete
TITLE: PD NAME: LITTLE, GEORGE A STREET ADDRESS: 2802 N 160 TH STREET CITY-ST-ZIP: OMAHA, NE 68116	<input type="checkbox"/> Delete
TITLE: V NAME: ESHELMAN, MARC W STREET ADDRESS: 5722 LOSTBROOK COURT CITY-ST-ZIP: SAINT LOUIS, MO 63129	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: 66 Brookside Place CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wendy L Lacey Date: 4/17/08 Daytime Phone #: 402-399-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR