

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

City & State
Omaha, NE

4. FEI Number
37-1156805

Applied For
Not Applicable

Zip
68114

Country

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

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, 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** ☐ Delete
NAME **WILKEN, GARY A**
STREET ADDRESS **56 BROOKSIDE PLACE**
CITY-ST-ZIP **SPRINGFIELD, IL 62704**

TITLE **S** ☐ Delete
NAME **PACHMAN, LOUIS J**
STREET ADDRESS **5008 CHICAGO STREET**
CITY-ST-ZIP **OMAHA, NE 68132**

TITLE **V** ☐ Delete
NAME **COCHRAN, LINCOLN D**
STREET ADDRESS **2621 WESTPORT DRIVE**
CITY-ST-ZIP **SPRINGFIELD, FL 62711**

TITLE **T** ☐ Delete
NAME **LACEY, WENDY L**
STREET ADDRESS **6804 N 106TH CIRCLE**
CITY-ST-ZIP **OMAHA, NE 68122**

TITLE **PD** ☐ Delete
NAME **LITTLE, GEORGE A**
STREET ADDRESS **2802 N 160 TH STREET**
CITY-ST-ZIP **OMAHA, NE 68116**

TITLE **V** ☐ Delete
NAME **ESHELMAN, MARC W**
STREET ADDRESS **5722 LOSTBROOK COURT**
CITY-ST-ZIP **SAINT LOUIS, MO 63129**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **66 Brookside Place**
CITY-ST-ZIP

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

402-399-1000

Daytime Phone #