


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90257 026 \*\*\*150.00

<b>DOCUMENT # F02000002206</b> 1. Entity Name NELNET CORPORATE SERVICES, INC.			
Principal Place of Business 6420 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216		Mailing Address 3015 S. PARKER ROAD 400/ LEGAL DEPARTMENT AURORA, CO 80014	
2. Principal Place of Business 121 S. 13th St. Suite, Apt. #, etc. Suite 201 City & State Lincoln, NE Zip 68508		3. Mailing Address 121 S. 13th St. Suite, Apt. #, etc. Suite 201 City & State Lincoln, NE Zip 68508	
Country USA		Country USA	
4. FEI Number 86-0869524		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BOUC, DON 121 S. 12TH ST. LINCOLN, NE 68508	TITLE	PD Michael Dunlap 121 S. 13th St., Ste. 201 Lincoln, NE 68508
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD MARTINEZ, EDWARD P 3015 S. PARKER ROAD SUITE 400 AURORA, CO 80014	TITLE	S Edward Martinez
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD HEIMS, TERRY 121 S. 13TH ST. LINCOLN, NE 68508	TITLE	Terry Heimes
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BOTIGAL, DAVID 1726 M STREET NW WASHINGTON, DC 20036	TITLE	V James Kruger 121 S. 13th St., Ste. 201 Lincoln, NE 68508
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D BUTTERFIELD, STEPHEN 6991 E. CAMELBACK ROAD SUITE B290 SCOTTSDALE, AZ 85251	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CARVELLA, RAY 3015 S. PARKER ROAD SUIT 400 AURORA, CO 80014	TITLE	S William Munn 3015 S. Parker Rd. Ste. 400 Aurora, CO 80014
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 is 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-25-05	
		Daytime Phone # 402.458.2370	