2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 8:00 am Secretary of State

DOCUMENT # F02000003674 1. Entity Name HILL-DONNELLY CORPORATION					05-05-2005 90086 029 ***150.00					
Principal Plac	e of Business	Mailing Address	<u>l</u>	_						
5711 SOUTH		P.O. BOX 27347	<u> </u>							
	68127-0347		OMAHA, NE 68127-0347							
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2. Principal Place of Business 3. Mailing Address				<u> </u>						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)				
City & Stat		City 9 State	01. 4 0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	plied For			
City & Stat	8	City & State	City & State		97 13710)	t Applicable			
Zip	Country	Zip	Country			\$8.75 Add				
		<u> </u>			of Status Desired	Fee Require				
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New !	Registered Agent				
	ORATION SYSTEM		Name							
	TH PINE ISLAND ROAD		Street Addre	ess (P.O. Box Numbe	or is Not Acceptab	le)				
PLANTATI	ION, FL 33324									
Į	;									
:				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										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11			
TITLE	DP	☐ Delete	TILE			Change	☐ Addition			
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STREET ADDRESS	5711 SOUTH 86 CIRCLE OMAHA, NE 681270347		STREET ADDRESS City-St-zip							
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05

402-593-4580

Dayone Phone #