

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005344

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: FREEDOM ASSET MANAGEMENT, INC.

## Current Principal Place of Business:

17500 BLONDO STREET  
OMAHA, NE 68116

## New Principal Place of Business:

10685 BEDFORD AVENUE  
OMAHA, NE 68134

## Current Mailing Address:

17500 BLONDO STREET  
OMAHA, NE 68116

## New Mailing Address:

10685 BEDFORD AVENUE  
OMAHA, NE 68134

FEI Number: 47-0751333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete  
Name: MACK, WILLIAM P  
Address: 17500 BLONDO STREET  
City-St-Zip: OMAHA, NE 68116

Title: D ( ) Delete  
Name: PIERCE, GABRIEL  
Address: 17500 BLONDO STREET  
City-St-Zip: OMAHA, NE 68116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: SHIFFERMILLER, DONALD F  
Address: 10685 BEDFORD AVENUE  
City-St-Zip: OMAHA, NE 68134

Title: V (X) Change ( ) Addition  
Name: BOGAR, DEBORAH  
Address: 10685 BEDFORD AVENUE  
City-St-Zip: OMAHA, NE 68134

Title: ST ( ) Change (X) Addition  
Name: CAROLYN, PIERCE K  
Address: 10685 BEDFORD AVENUE  
City-St-Zip: OMAHA, NE 68134

Title: D ( ) Change (X) Addition  
Name: PIERCE, WESTLEY M  
Address: 10685 BEDFORD AVENUE  
City-St-Zip: OMAHA, NE 68134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESTLEY PIERCE

D

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date