

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003961

Entity Name: QA3 FINANCIAL CORP

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

ONE VALMONT PLAZA, 4TH FLOOR  
OMAHA, NE 68154

**New Principal Place of Business:**

**Current Mailing Address:**

ONE VALMONT PLAZA, 4TH FLOOR  
OMAHA, NE 68154

**New Mailing Address:**

FEI Number: 42-1212429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DP ( ) Delete  
Name: WILD, STEPHEN K  
Address: ONE VALMONT PLAZA, 4TH FLOOR  
City-St-Zip: OMAHA, NE 68154

Title: VP ( ) Delete  
Name: ZIELINSKI, THOMAS G  
Address: ONE VALMONT PLAZA, 4TH FLOOR  
City-St-Zip: OMAHA, NE 68154

Title: S ( ) Delete  
Name: BOLTON, GREG  
Address: ONE VALMONT PLAZA, 4TH FLOOR  
City-St-Zip: OMAHA, NE 68154

Title: T ( ) Delete  
Name: SHEPHERD, TERI  
Address: ONE VALMONT PLAZA 4TH FLOOR  
City-St-Zip: OMAHA, NE 68154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREG BOLTON

S

05/06/2009

Electronic Signature of Signing Officer or Director

Date