

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003379

1. Entity Name
PROMARK UTILITY LOCATORS, INC.



Principal Place of Business

**11640 ARBOR STREET
SUITE 200
OMAHA, NE 68144**

Mailing Address

**11640 ARBOR STREET
SUITE 200
OMAHA, NE 68144**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1796488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

U000000822185
02/19/08-80057-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARAM, ROB P
STREET ADDRESS	11640 ARBOR STREET #200
CITY-ST-ZIP	OMAHA, NE 68144
TITLE	VP
NAME	JOHNSON, BRIAN R VP
STREET ADDRESS	11640 ARBOR STREET #200
CITY-ST-ZIP	OMAHA, NE 68144
TITLE	VP
NAME	JOHNSON, MICHAEL G VP
STREET ADDRESS	11640 ARBOR STREET #200
CITY-ST-ZIP	OMAHA, NE 68144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Johnson **Michael Johnson**

Date

1/28/08

Daytime Phone #

402-334-8150