

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F81962 (5)

1. Corporation Name

RADICE CAPITAL CORP.



Principal Place of Business

C/O THE MAJOR GROUP, INC.
222 S. 15TH STREET STE 600 N
OMAHA NE 68102

Mailing Address

C/O THE MAJOR GROUP, INC.
222 S. 15TH STREET STE 600 N
OMAHA NE 68102

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/19/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2191842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

Signature, typed or printed name of registered agent and date if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

GERBER, WILLIAM J.

222 S. 15TH ST., STE 600 NORTH

OMAHA NE

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

MACE, GEORGIA M.

222 S. 15TH ST., STE 600 NORTH

OMAHA NE

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

KNOLLA, PETER A.

222 S. 15TH STREET, STE 600 NORTH

OMAHA NE

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace Treasurer

3-28-96

(402) 344-8800

CR2E034 (12/95)