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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000616					
1. Corporation Name LSA SECURITIES INC.					
Principal Place of Business 8305 SW CREEKSIDE PL BEAVERTON OR 97008 US			Mailing Address 8305 SW CREEKSIDE PL BEAVERTON OR 97008 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 206 South 13th St Suite, Apt. #, etc. 22 Ste 100 City & State 23 Lincoln, NE Zip 24 68508		2a. Mailing Address 26 PO BOX 83271 Suite, Apt. #, etc. 27 City & State 28 Lincoln NE Zip 29 68501		3. Date Incorporated or Qualified 02/09/1993 4. FEI Number 93-0815464 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE C <input checked="" type="checkbox"/> DELETE NAME LAUGHLIN, PAUL A STREET ADDRESS 21592 S.W. STAFFORD ROAD CITY-ST-ZIP TUALATIN OR 97062			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE P <input checked="" type="checkbox"/> DELETE NAME GARDNER, WILLIAM F. STREET ADDRESS 8305 SW CREEKSIDE PLACE CITY-ST-ZIP BEAVERTON OR			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Watson, Carol S. 2.3 STREET ADDRESS 206 S 13th St, Ste 100 2.4 CITY-ST-ZIP Lincoln, NE 68508		
TITLE VP <input checked="" type="checkbox"/> DELETE NAME ASHTON, BARBARA A. STREET ADDRESS 8305 SW CREEKSIDE PLACE CITY-ST-ZIP BEAVERTON OR			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Wraith, B. Eugene 3.3 STREET ADDRESS 206 S 13th St Ste 100 3.4 CITY-ST-ZIP Lincoln NE 68508		
TITLE S <input type="checkbox"/> DELETE NAME ALBERS, JANET M STREET ADDRESS 16589 WOODSMAN CT CITY-ST-ZIP LAKE OSWEGO OR			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Rich Robert 4.3 STREET ADDRESS 206 S 13th St Ste 100 4.4 CITY-ST-ZIP Lincoln NE 68508		
TITLE D <input checked="" type="checkbox"/> DELETE NAME TAYLOR, BUD L STREET ADDRESS 8305 SW CREEKSIDE PL CITY-ST-ZIP BEAVERTON OR 97008			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME John Hunter 5.3 STREET ADDRESS 3100 Sanders Rd 5.4 CITY-ST-ZIP Northbrook IL 60062		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99
Date

402 479 7600
Daytime Phone #

CR2E034 (1/98)