2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **F93000000616** LSA SECURITIES INC. 04-20-2000 90059 047 ***150.00 Principal Place of Business Mailing Address 206 SOUTH 13TH ST PO BOX 83271 LINCOLN NE 68501-3271 STE 100 LINCOLN NE 68508 2. Principal Place of Business 3. Mailing Address 84th Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 93-0815464 ΝE Lincoln Not Applicable Zip Country \$8.75 Additional 5.2Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Delete ☐ Change Addition TITLE TITLE Leanard Sherman watson, carol s NAME NAME 2775 Sanders Rd STREET ADDRESS 206 S 13TH ST., STE. 100 STREET ADDRESS Northbrook IL 60062 CITY-ST-ZIP CITY-ST-ZIP LINCOLN NE 68508 **™** Change ☐ Addition Dun par see that the second ☐ Delete TITLE TITLE WRAITH, B. EUGENE NAME B. Eugene wraith NAME STREET ADDRESS 2006 S 13TH ST., STE. 100 STREET ADDRESS 2920 S. 84th St Lincoln NE-68506 CITY-ST-7IP CITY-ST-ZIP LINCOLN-NE 68508 Change ☐ Addition TITLE TITLE ☐ Delete Janet H. Albers 3075 Sanders Rd NAME ALBERS, JANET M NAME STREET ADDRESS STREET ADDRESS 16589 WOODSMAN CT CITY-ST-ZIP CITY ST- ZIP Lincoln, NE 68506 LAKE OSWEGO OR Change ☐ Delete TITLE HUNTER, JOHN NAME Carol Watson NAME STREET ADDRESS 2920 S. 84th St STREET ADDRESS 3100 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 Lincoln, NE 68506 VI Addition Change A ☐ Delete TITLE Carole Lambert 2920 5. 84th St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Lincoln NE 68506 CITY-ST-ZIP

Lincoln, NE 68506 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

プロッド (Cinole SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS

CITY-ST-7IP

Lambert

Pobert Rich 2920 S. 84th St NE 68

402-328-5750

Change

Addition