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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001679 (0)**
1. Corporation Name
MTS, INC.

Principal Place of Business: **7300 WOOLWORTH AVENUE OMAHA NE 68124**
Mailing Address: **7300 WOOLWORTH AVENUE OMAHA NE 68124**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **47-0711356**
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
**CT CORPORATION SYSTEM
1200 S. 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
85 Zip Code: **FL**

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENAU, EDMUND H	1.2 NAME	
STREET ADDRESS	7300 WOOLWORTH AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68124	1.4 CITY, ST, ZIP	
TITLE	VCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBENSORF, GEORGE O	2.2 NAME	
STREET ADDRESS	7300 WOOLWORTH AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68124	2.4 CITY, ST, ZIP	
TITLE	VPO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENAU, MARK	3.2 NAME	
STREET ADDRESS	7300 WOOLWORTH AVENUE	3.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68124	3.4 CITY, ST, ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNSTEDT, DAVID E	4.2 NAME	
STREET ADDRESS	7300 WOOLWORTH AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68124	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(b), 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: *D E Wennstedt* **3/10/95** **402-392-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR