

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

**APPROVED
AND
FILED**

95 APR 18 PM 5: 55

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 Mailing Address
**7300 WOOLWORTH AVENUE
OMAHA NE 68124** **7300 WOOLWORTH AVENUE
OMAHA NE 68124**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/05/1993 **05/01/1994**

4. FEI Number Applied For
47-0711356 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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 **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 _____ 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 | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANKENAU, EDMUND H | 12 NAME | |
| STREET ADDRESS | 7300 WOOLWORTH AVENUE | 13 STREET ADDRESS | |
| CITY, ST, ZIP | OMAHA NE 68124 | 14 CITY, ST, ZIP | |
| TITLE | VCS | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REBENSORF, GEORGE O | 22 NAME | |
| STREET ADDRESS | 7300 WOOLWORTH AVENUE | 23 STREET ADDRESS | |
| CITY, ST, ZIP | OMAHA NE 68124 | 24 CITY, ST, ZIP | |
| TITLE | VPO | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANKENAU, MARK | 32 NAME | |
| STREET ADDRESS | 7300 WOOLWORTH AVENUE | 33 STREET ADDRESS | |
| CITY, ST, ZIP | OMAHA NE 68124 | 34 CITY, ST, ZIP | |
| TITLE | TD | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WENNSTEDT, DAVID E | 42 NAME | |
| STREET ADDRESS | 7300 WOOLWORTH AVENUE | 43 STREET ADDRESS | |
| CITY, ST, ZIP | OMAHA NE 68124 | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 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 Date Telephone #