

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003802 (6)**

1. Corporation Name
MFS TRANSTECH, INC.

Principal Place of Business
**11808 MIRACLE HILLS DR
OMAHA NE 68154
US**

Mailing Address
**11808 MIRACLE HILLS DR
OMAHA NE 68154
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Landmark Center Suite, Apt. #, etc. 22 Ste 1300 City & State 23 Omaha, NE Zip 24 68102-1841 Country 25 US		2a. Mailing Address 26 1200 Landmark Center Suite, Apt. #, etc. 27 Ste 1300 City & State 28 Omaha, NE Zip 29 68102-1841 Country 30 US		3. Date Incorporated or Qualified 08/19/1993	
		4. FEI Number 47-0769284		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	DCEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOERSCH, KEVIN P	1.2 NAME	
STREET ADDRESS	11808 MIRACLE HILLS DR	1.3 STREET ADDRESS	1200 Landmark Center, Ste 1300
CITY-ST-ZIP	OMAHA NB	1.4 CITY-ST-ZIP	Omaha, NE 68102-1841
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, DEBORAH L	2.2 NAME	Scott D. Sullivan
STREET ADDRESS	11808 MIRACLE HILLS DR	2.3 STREET ADDRESS	1200 Landmark Center, Ste. 1300
CITY-ST-ZIP	OMAHA NB	2.4 CITY-ST-ZIP	Omaha, NE 68102-1841
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDGMORE, JOHN W	3.2 NAME	
STREET ADDRESS	11808 MIRACLE HILLS DR	3.3 STREET ADDRESS	1200 Landmark Center, Ste 1300
CITY-ST-ZIP	OMAHA NB	3.4 CITY-ST-ZIP	Omaha, NE 68102-1841
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNER, MARK W	4.2 NAME	
STREET ADDRESS	11808 MIRACLE HILL DR	4.3 STREET ADDRESS	1200 Landmark Center, Ste 1300
CITY-ST-ZIP	OMAHA NB	4.4 CITY-ST-ZIP	Omaha, NE 68102-1841
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDVIK, ROBERT J.	5.2 NAME	Richard Bonds
STREET ADDRESS	11808 MIRACLE HILLS DR	5.3 STREET ADDRESS	1200 Landmark Center, Ste 1300
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	Omaha, NE 68102-1841
TITLE	P	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM P	6.2 NAME	
STREET ADDRESS	11808 MIRACLE HILLS DR	6.3 STREET ADDRESS	1200 Landmark Center, Ste. 1300
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	Omaha, NE 68102-1841

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.

SIGNATURE:

Mark W. Berner

Mark W. Berner

2/12/98

402-233-7651

CR2E034 (10/97)