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Mailing Address

STE 1300

1200 LANDMARK CENTER

OMAHA NE 68102-1841

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300003802

1. Corporation Name

Principal Place of Business

1200 LANDMARK CENTER

OMAHA NE 68102-1841

STE 1300

MFS TRANSTECH, INC.

US		US				08/19/1993					
0.01.1-10	(0)	2a. Mailing Address				4. FEI Number			App	lied For	
— ·	ace of Business	⊢ *			}			\vdash	+-	Applicable	
21	# -1-	Suite, Apt. #, etc.				47-0769284		\$2		ditional	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certifcate of Status Desired]	T	e Req		
City & State	2	City & State			_	6. Election Campaign Financing		\$5	.00 N	May Be	
23	-	28				Trust Fund Contribution]		ded to	•	
Zip	Country	Zip	Count	ry	_	8. This corporation owes the current year Intang				_	
24	25 29 30				Personal Property Tax.					□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
					81 Name						
C T CORPORATION SYSTEM					82 Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD					Street Address (1.0. Box Multipol is Not Acceptable)						
PLANTATION FL 33324			8	83						_)	
			8	4	City			85	Zip Co	ode /	
			1				<u> FL </u>		•)	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-	named corpor	ration submits this statement for the pur i's board of directors. I hereby accept th	oose of o	changir Iment	ig its r as regi	egistered ¯¯ istered	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	lorida Statute	yu es.	le corporation	15 board of directors. Thereby becopt an	о арро		ac reg.		
SIGNATURE							_				
3000	Signature, typed or printed name of registered agent	and title if applicable. (NOT		gent :	signature required v	Hiller Tollistating)	DATE	5 5 5		50 151 40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AN			Addition	
TITLE	DCEO	DELETE	1.1 TITLE		CEDI	• •			inge	F Magnion	
NAME	MOERSCH, KEVIN P		1.2 NAME	E	ι.	VANCE CARTEE					
STREET ADDRESS	1200 LANDMARK CENTER, STE	1300	1.3 STRE	ETA		O LANDMARK CENTER, S	عہد	130	ю		
CITY-ST-ZIP	OMAHA NB 68102		1.4 CITY	-ST-	ZIP ON	1444, NE 68102				EN ALLEGA	
TITLE	S	DELETE	2.1 TITLE	-	W	_		Cha	ange	Addition	
NAME	SULLIVAN, SCOTT D		2.2 NAME	E		THEL E. DONELSON				i	
STREET ADDRESS	1200 LANDMARK CENTER, STE	1300	2.3 STRE	ET A	ADDRESS 100	o landmark center, s.	TE I	300			
CITY-ST-ZIP	OMAHA NB 68102		2. 4 CITY	-ST-	ZIP DM	AHA, NE 6802					
TITLE	D	™ DELETE	3.1 TITLE	=	145	14		☐ Cha	ange	Addition	
NAME	SIDGMORE, JOHN W		3.2 NAM	E	1 -	Me GRATH		_			
STREET ADDRESS	1200 LANDMARK CENTER, STE	1300	3.3 STRE	EETA		o Landmark Center, S	TE /	300	1		
CITY-ST-ZIP	OMAHA NB 68102		3.4. CITY	/- ST-	-ZIP DM.	AHA, NE 68102					
TITLE	T	Ŭ X DELETE	4.1 TITLE	=	14.			☐ Ch	ange	Addition	
NAME	BERNER, MARK W		4. 2 NAM	ŧΕ		N M. CLEARY					
STREET ADDRESS	1200 LANDMARK CENTER, STE	1300	4.3 STRE	EET#	ADDRESS 120	O LANDMARK CENTER, S	STE	130	•		
CITY-ST-ZIP	OMAHA NB 68102		4.4 CITY	-ST-	ZIP OM	AHA, NE 68102 '					
TITLE	VP	5\$ DELETE	5.1 TITLE	E				Ch	ange	★ Addition	
NAME	BONDS, RICHARD		5.2 NAMI	Ε	BILL	LY V. KAY JR.					
STREET ADDRESS	1200 LANDMARK CENTER, STE	1300	5.3 STRE	EET A	ADDRESS 160	LY V. RAY, JR. 11 Brum Place, Ste 15T PALM BEACH, FL	1110				
CITY-ST-ZIP	OMAHA NE 68102		5.4 CITY	- \$T-	ZIP WE	ST PALM BEACH, FL	33	401			
TITLE	P	₩ DELETE	6.1 TITLE	E				☐ Ch	ange	☐ Addition	
NAME	THOMPSON, WILLIAM P	, -	6.2 NAMI	E							
STREET ADDRESS		1300	6.3 STRE	EETA	ADDRESS						
CITY-ST-ZIP	OMAHA NE 68102		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: _

OMAHA NE 68102

OFFICER OR DIRECTOR

Daytime Phone #