

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

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:43

DOCUMENT # **F94000000477 (9)**

1. Corporation Name

INTELLITEK COMPUTER CORPORATION

Principal Place of Business

11718 NICHOLAS ST.
OMAHA NE 68154

Mailing Address

11718 NICHOLAS ST.
OMAHA NE 68154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

4. FEI Number

16-0978655

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

2. Principal Place of Business

21 10825 Old Mill Road

2b. Mailing Address

26 10825 Old Mill Road

Suite, Apt. #, etc

Suite, Apt. #, etc

22 CC-4

27 CC-4

City & State

City & State

23 Omaha NE

28 Omaha NE

24 Zip 68154

Country

29 Zip 68154

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of person named in registered agent and the corporation

Signature of Registered Agent (signature required when first listed)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	FOTE, CHARLES T
STREET ADDRESS	6200 S. QUEBEC
CITY, ST, ZIP	ENGLEWOOD CO 80111
TITLE	D
NAME	DUQUES, HENRY C
STREET ADDRESS	401 HACKENSACK AVE., 7TH FL.
CITY, ST, ZIP	HACKENSACK NJ 07601
TITLE	D
NAME	HOFF, WALTER
STREET ADDRESS	10825 S OLD MILL RD
CITY, ST, ZIP	OMAHA NE 68154
TITLE	P
NAME	OXTON, JAY A
STREET ADDRESS	10825 S OLD MILL RD
CITY, ST, ZIP	OMAHA NE 68145
TITLE	V
NAME	PERKINS, JAMES
STREET ADDRESS	10825 S OLD MILL RD
CITY, ST, ZIP	OMAHA NE 68145
TITLE	S
NAME	NORMAN, STEPHEN P
STREET ADDRESS	AMERICAN EXPRESS TOWER, WORLD FINANCIAL CNT
CITY, ST, ZIP	NEW YORK NY 10285-0001

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	See Attached List
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

No Changes/
Attachment
Found

14. I 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 and attach 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:

Sam Vanlandingham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Vanlandingham

3/27/95

Date

(402) 222-4572

Telephone Number

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000000523 (0)

1. Corporation Name

TURBINE ENGINE SERVICES CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5/1/95 PM 1:40

Principal Place of Business

PO BOX 3425
WINDSOR LOCKS CT 06096

Mailing Address

PO BOX 3425
WINDSOR LOCKS CT 06096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/03/1994** 3a. Date of Last Report

4. FEI Number **06-1305671** 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

2. Principal Place of Business
21. **573 Halfway House Road**
Suite, Apt. #, etc.

22. City & State
23. **Windsor Locks, CT**

24. Zip **06096** 25. Country 26. Mailing Address
27. Suite, Apt. #, etc.

28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**ALDRIDGE, GARY
8895 N. MILITARY TRAIL
SUITE E303
PALM BEACH GARDENS FL 33410**

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 fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	YOUNG, LINCOLN S
STREET ADDRESS	327 N. STEELE RD
CITY, ST, ZIP	WEST HARTFORD CT
TITLE	VCP
NAME	GAUDETTE, GEORGE T
STREET ADDRESS	5 METACOM DR
CITY, ST, ZIP	SIMSBURY CT
TITLE	D
NAME	LANGLANDS, ALISTER
STREET ADDRESS	ABERDEEN
CITY, ST, ZIP	SCOTLAND
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	Delete
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	PD
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	SD
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	VD
43 STREET ADDRESS	Maurice Lajoie
44 CITY, ST, ZIP	398 Baldwin Drive
51 TITLE	☐ Change ☒ Addition
52 NAME	V
53 STREET ADDRESS	Randall G. Miller
54 CITY, ST, ZIP	168 Florida Road
61 TITLE	☐ Change ☒ Addition
62 NAME	CD
63 STREET ADDRESS	Thomas Motherwill
64 CITY, ST, ZIP	Aberdeen Scotland

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(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, as checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 1203623
3366