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FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000477 (9)

1. Corporation Name

INTELLITEK COMPUTER CORPORATION



Principal Place of Business

2525 N. 117TH AVENUE
3AC
OMAHA NE 68164
US

Mailing Address

2525 N. 117TH AVENUE
3AC
OMAHA NE 68164-3679
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

04/10/1996

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

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

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

TITLE	CCOO	<input type="checkbox"/> DELETE
NAME	HANSEN, NEAL C.	
STREET ADDRESS	5251 DTC PARKWAY, SUITE 625	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	PAS	<input type="checkbox"/> DELETE
NAME	HADDIX, GEORGE F.	
STREET ADDRESS	2525 N. 117TH AVENUE	
CITY - ST - ZIP	OMAHA NE	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, DAVID	
STREET ADDRESS	5251 DTC PARKWAY, SUITE 625	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	POGGE, JACK	
STREET ADDRESS	5251 DTC PARKWAY, SUITE 625	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WIESE, RANDY	
STREET ADDRESS	2525 N. 117TH AVENUE	
CITY - ST - ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, NEAL C.	
STREET ADDRESS	5251 DTC PARKWAY, SUITE 625	
CITY - ST - ZIP	ENGLEWOOD CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greg Parker
3.3 STREET ADDRESS	5251 DTC Parkway, Suite 625
3.4 CITY - ST - ZIP	Englewood, CO 80111
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Randy Wiese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Wiese
Assistant Secretary

(402) 431-7543

Daytime Phone

CR2E034 (9/96)