FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000002343 (1)**

1. Corporation Name

MRI RELOCATION MANAGEMENT, INC.

Principal Place of Business

11836 ARBOR ST.
OMAHA NE 68144

Mailing Address

11836 ARBOR ST.
OMAHA NE 68144

3. Date Incorporated or Qualified: **05/06/1994**

3a. Date of Last Report: **09/21/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **47-0625691** [ ] 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 [X] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.0505, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDC	[ ] DELETE
NAME	HILL, MERI M	
STREET ADDRESS	11836 ARBOR ST.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE	VSTD	[ ] DELETE
NAME	DUNBAR, ARLO G	
STREET ADDRESS	11836 ARBOR ST.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE	D	[ ] DELETE
NAME	MCCARTHY, MICHAEL R	
STREET ADDRESS	11836 ARBOR ST.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE	D	[ ] DELETE
NAME	WERNER-ROBERTSON, GAIL	
STREET ADDRESS	11836 ARBOR ST.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	[ ] Change [X] Addition
12 NAME	R. Darlene Firestone	
13 STREET ADDRESS	11836 Arbor Street	
14 CITY-ST-ZIP	Omaha, NE 68144	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
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)(o), 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 of paragraph 11 or an attached and signed and dated with an affidavit.

SIGNATURE: Arlo G. Dunbar — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 03/18/96 — (402) 330-9605

CR2E034 (12/95)