## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT #F94000003853



**FILED** Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90036 003 \*\*\*150.00

| MANAGEMENT, INC.  |   |  |                  |  |                                |   |                                      |                        |                                       |
|---|---|--|------------------|--|--------------------------------|---|--------------------------------------|------------------------|---------------------------------------|
| Principal Place of Business<br>4205 S. 96TH ST.<br>OMAHA, NE 68127  |   | Mailing Address 1 ENVIRONMENTAL WAY TAX DEPARTMENT BROOMFIELD, CO 80021-3146 |                  |  |                                | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | TIL <b>Behl Frial</b> (7 <b>41</b> ) |                        | I <b>el</b> e d'Inei                  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |                  |  |                                |   |                                      |                        |                                       |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                  |  | 01062006                       | Chg-P                                   | CR2E034                              | (11/05)                |                                       |
| City & State  |   | City & State   |                  |  | 4. FEI Numbe                   |   |                                      | · · ·                  | plied For<br>t Applicable             |
| Zip   | Country   | Zip  | Zip Country      |  | 5. Certificate                 | of Status Desired                       |                                      | 3.75 Add<br>e Required |                                       |
|   | 8. Name and Address of Current I                          | Registered Agent   |                  | }  | 7. Name and                    | Address of New F                        | Registered Age                       | ent                    |                                       |
|   |   |  |                  | Name   |                                |   |                                      |                        |                                       |
| C T CORPORATION SYSTEM<br>1200'S. PINE ISLAND RD.<br>PLANTATION, FL 33324   |   |  |                  | Street Address (P.O. Box Number is Not Acceptable) |                                |   |                                      |                        |                                       |
|   |   |  |                  | City   |                                |   | FL                                   | Zip Code               | · · · · · · · · · · · · · · · · · · · |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |                  |  |                                |   |                                      |                        |                                       |
| SIGNATURE Signature, typed or printed name of registered agent and tite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |  |                  |  |                                |   |                                      |                        |                                       |
|   | Signature, typed or printed that is of ingretered agent a | полие и аррисавие.   | (NOTE: Registere | O vider advance red                                | area wisi rensizing)           |   | UNIE                                 |                        |                                       |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   |   |  |                  |  | \$5.00 May Be<br>Added to Fees |   |                                      |                        |                                       |
| 10.   | OFFICERS AND  | DIRECTORS  | 11.              | ····   | ADDITIONS/                     | CHANGES TO OFF                          | ICERS AND DI                         | RECTORS                | S IN 11                               |
| TITLE   | D Delete Ti   |  |                  | E  |                                |   |                                      | Change                 | Addition                              |
| NAME  | HOFFMAN, MARKS  |  |                  | E  |                                |   | _                                    | - •                    | _                                     |
| STREET ADDRESS  | ,   |  |                  | ET ADDRESS   |                                |   |                                      |                        | }                                     |
| CITY-ST-ZIP   |   |  |                  | -ST-ZIP  |                                |   |                                      |                        |                                       |
| TITLE   | VP  | <b>≥</b> €   |                  | : Se   | . VICE PRESI                   | DENT/CFO                                |                                      | ] Change               | <b>□</b> Addition                     |
| NAME<br>Street address  | •   |  | NAM              | ET ADDRESS   | JOHN BREN                      | HOLT                                    | 1. /                                 |                        |                                       |
| CITY-ST-ZIP   |   |  | -SI-ZIP 12       | JOHN BREN<br>ENVIRONAL<br>LOOMFIELD                | BUTHL WH                       | ry<br>1711111.                          | _                                    |                        |                                       |
| TITLE   |   |  |                  |  | ECONTHESTO                     | , 00 000                                |                                      | Change                 | - Addison                             |
| NAME  | WILSON, NAN   | Li bei   | ete Titls<br>Nam | 1  |                                |   | _                                    | T cualific             | Addition                              |
| STREET ADDRESS  | 1 ENVIRONMENTAL WAY                                       |  |                  | ET ADORESS   |                                |   |                                      |                        |                                       |
| CITY-ST-ZIP   | BROOMFIELD, CO 800213416                                  |  | СПУ              | -ST-ZIP  |                                |   |                                      |                        | [                                     |
| TITLE   | S   | ☐ Del  | ete DIL          |  |                                |   |                                      | ] Change               | Addition                              |
| NAME  | CULLEN, THOMAS F  |  | NAME             | E  |                                |   |                                      |                        |                                       |
| STREET ADDRESS  | 1 ENVIRONMENTAL WAY                                       |  |                  | ET ADDRESS   |                                |   |                                      |                        |                                       |
| CITY-ST-ZIP   | BROOMFIELD, CO 800213416                                  |  | CITY             | -ST-ZIP  |                                |   |                                      |                        |                                       |
| TITLE   | VP  | □ Del  |                  |  |                                |   |                                      | ] Change               | ☐ Addition                            |
| NAME<br>STREET ADDRESS  | BRENHOLT, JOHN 1 ENVIRONMENTAL WAY                        |  | NAM              | ET ADDRESS   |                                |   |                                      |                        |                                       |
| CITY-ST-ZIP   | BROOMFIELD, CO 800213416                                  |  |                  | -ST-ZIP  |                                |   |                                      |                        | i                                     |
| TITLE   | P   | □ Del  |                  | <del></del>  |                                |   |                                      | 7 Change               | Addition                              |
| NAME  | CATE, MIKE  | Del  | NAME             | I  |                                |   | L.                                   | 1 maning               |                                       |
| STREET ADDRESS  | 4205 SOUTH 96TH STREET                                    |  |                  | ET ADORESS   |                                |   |                                      |                        |                                       |
| CITY-ST-ZIP   | OMAHA, NE 68127   |  | CITY             | -ST-ZIP  |                                |   |                                      |                        | <b> </b>                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if |   |  |                  |  |                                |   |                                      |                        |                                       |