**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:21

DOCUMENT # **F94000004772 (9)**

1. Corporation Name

**AMERICAN INFORMATION SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11208 JOHN GALT BLVD.<br>OMAHA NE 68137 | 11208 JOHN GALT BLVD.<br>OMAHA NE 68137 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/15/1994**
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **47-0617567** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | WELSH, WILLIAM F | 12 NAME | |
| STREET ADDRESS | 11208 JOHN GALT BLVD | 13 STREET ADDRESS | Welsh, William F. II |
| CITY-ST-ZIP | OMAHA NE 68137 | 14 CITY-ST-ZIP | 11208 John Galt Blvd.<br>Omaha, NE 68137 |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | UROSEVICH, TODD | 22 NAME | |
| STREET ADDRESS | 11208 JOHN GALT BLVD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | OMAHA NE 68137 | 24 CITY-ST-ZIP | |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | DEVEREAUX, MICHAEL | 32 NAME | |
| STREET ADDRESS | 11208 JOHN GALT BLVD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | OMAHA NE 68137 | 34 CITY-ST-ZIP | |
| TITLE | VST | 41 TITLE | ☐ Change ☐ Addition |
| NAME | JABLONSKI, RICHARD J | 42 NAME | |
| STREET ADDRESS | 11208 JOHN GALT BLVD | 43 STREET ADDRESS | |
| CITY-ST-ZIP | OMAHA NE 68137 | 44 CITY-ST-ZIP | |
| TITLE | V | 51 TITLE | ☐ Change ☐ Addition |
| NAME | GILBREATH, ROBERT | 52 NAME | |
| STREET ADDRESS | 11208 JOHN GALT BLVD | 53 STREET ADDRESS | |
| CITY-ST-ZIP | OMAHA NE 68137 | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | D ☒ Change ☐ Addition |
| NAME | HAGEL, CHARLES T | 62 NAME | John Gottschalk |
| STREET ADDRESS | 1125 SOUTH 103 STREET, SUITE 450 | 63 STREET ADDRESS | World Herald Square |
| CITY-ST-ZIP | OMAHA NE 68124 | 64 CITY-ST-ZIP | Omaha, NE 68124 |

CR2E034 (3/95)

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)(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:** _____ Richard Jablonski 6/12/95 (402)593-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102450 FN

E94-4772

AIS AMERICAN INFORMATION SYSTEMS, INC.
11208 John Galt Blvd. • Omaha, Nebraska 68137

TITLE: D
NAME: William Kernen
ADDRESS: World Herald Square
Omaha, NE 68124

TITLE: D
NAME: Michael McCarthy
ADDRESS: 1125 South 103rd St. Suite 450
Omaha, NE 68137

TITLE: D
NAME: Jim Lane
ADDRESS: 21285 Oldgate Rd.
Elkhorn, NE 68022

TITLE: D
NAME: W. Edward Weems
ADDRESS: 3739 National Dr. Suite 102
Raleigh, NC 27622