SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000004772 (9)**

1. Corporation Name
AMERICAN INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
11208 JOHN GALT BLVD. OMAHA NE 68137	11208 JOHN GALT BLVD. OMAHA NE 68137

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **09/15/1994**
3a. Date of Last Report: **06/19/1995**
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
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, WILLIAM F 11		1.2 NAME	
STREET ADDRESS	11208 JOHN GALT BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	UROSEVICH, TODD		2.2 NAME	
STREET ADDRESS	11208 JOHN GALT BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68137		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEVEREAUX, MICHAEL		3.2 NAME	
STREET ADDRESS	11208 JOHN GALT BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68137		3.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JABLONSKI, RICHARD J		4.2 NAME	
STREET ADDRESS	11208 JOHN GALT BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68137		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GILBREATH, ROBERT		5.2 NAME	
STREET ADDRESS	11208 JOHN GALT BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68137		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GOTTSCHALK, JOHN		6.2 NAME	
STREET ADDRESS	WORLD HERALD SQUARE		6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE		6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Jablonski, TREASURER 6/22/96 402-593-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard J. Jablonski

CR2E034 (3/96)