

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90030 041 ***150.00

DOCUMENT # **F94000004772**

1. Corporation Name

ELECTION SYSTEMS & SOFTWARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11208 JOHN GALT BLVD.
OMAHA NE 68137

Mailing Address

11208 JOHN GALT BLVD.
OMAHA NE 68137

2. Principal Place of Business

21 1870 Forest Hill Blvd.

Suite, Apt. #, etc.

22 Suite 203

City & State

23 West Palm Beach, FL

Zip Country

24 33406

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/15/1994

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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 PD
NAME WELSH, WILLIAM F 11
STREET ADDRESS 11208 JOHN GALT BLVD
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE VD
NAME UROSEVICH, TODD
STREET ADDRESS 11208 JOHN GALT BLVD
CITY-ST-ZIP OMAHA NE 68137 ☐ DELETE

TITLE V
NAME DEVEREAUX, MICHAEL
STREET ADDRESS 11208 JOHN GALT BLVD
CITY-ST-ZIP OMAHA NE 68137 ☐ DELETE

TITLE VST
NAME JABLONSKI, RICHARD J
STREET ADDRESS 11208 JOHN GALT BLVD
CITY-ST-ZIP OMAHA NE 68137 ☐ DELETE

TITLE V
NAME GILBREATH, ROBERT
STREET ADDRESS 11208 JOHN GALT BLVD
CITY-ST-ZIP OMAHA NE 68137 ☒ DELETE

TITLE D
NAME GOTTSCHALK, JOHN
STREET ADDRESS WORLD HERALD SQUARE
CITY-ST-ZIP OMAHA NE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SR Vice President ☐ Change ☒ Addition
5.2 NAME Michael P. Limas
5.3 STREET ADDRESS 11208 John Galt Blvd.
5.4 CITY-ST-ZIP Omaha, NE 68137

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Jablonski 1/11/99 (402) 593-0101

Date

Daytime Phone #

CR2E034 (1/98)