

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90090 004 ***158.75

DOCUMENT # F94000004772

1. Entity Name
ELECTION SYSTEMS & SOFTWARE, INC.

Principal Place of Business

**11208 JOHN GALT BLVD
 OMAHA NE 68137
 US**

Mailing Address

**11208 JOHN GALT BLVD.
 OMAHA NE 68137**

2. Principal Place of Business

11208 JOHN GALT BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OMAHA, NE

City & State

4. FEI Number

47-0617567

Applied For

Not Applicable

Zip

Country

68137

USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELSH, WILLIAM F 11	
STREET ADDRESS	11208 JOHN GALT BLVD	
CITY-ST-ZIP	OMAHA NE	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UROSEVICH, TODD	
STREET ADDRESS	11208 JOHN GALT BLVD	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEVEREAUX, MICHAEL	
STREET ADDRESS	11208 JOHN GALT BLVD	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JABLONSKI, RICHARD J	
STREET ADDRESS	11208 JOHN GALT BLVD	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LIMAS, MICHEAL P	
STREET ADDRESS	11208 JOHN GALT BLVD	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTSCHALK, JOHN	
STREET ADDRESS	WORLD HERALD SQUARE	
CITY-ST-ZIP	OMAHA NE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDO J. TESI	
STREET ADDRESS	11208 JOHN GALT BLVD.	
CITY-ST-ZIP	OMAHA, NE 68137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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

1/25/02

(402)593-0101

Date

Daytime Phone #

CR2E034 (9/01)