

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PRCFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000002728 (2)**

1. Corporation Name

**WERNER ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

PO BOX 37308  
OMAHA NE 68137-0308

PO BOX 37308  
OMAHA NE 68137-0308

3. Date Incorporated or Qualified **06/07/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **14507 Frontier Road**

2a. Mailing Address  
26

4. FEI Number  
**47-0648386**

Applied For  
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

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

23 City & State  
**Omaha, NE**

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**68138**

25 Country  
**USA**

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VCOO</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER, CURTIS G</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WERNER, CURTIS G</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	
TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER, CLARENCE L</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	
TITLE	<b>VCP</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER, GARY L</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EPSTEIN, IRVING B</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, MARTIN F</b>	
STREET ADDRESS	<b>14507 FRONTIER RD</b>	
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	

1.1 TITLE	<b>D/V/COO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>68138</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DCCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	<b>68138</b>	
4.1 TITLE	<b>DVCP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>68138</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	<b>68138</b>	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	<b>68138</b>	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **See Exhibit A**

SIGNATURE:

*Robert E. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert E. Smith, President

4/17/96

402-895-6640

Date

Daytime Phone #

CR2E034 (12/95)

F95000002728

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WERNER ENTERPRISES, INC.  
P.O. BOX 37308  
OMAHA, NE 68137

FLORIDA PROFIT CORPORATION ANNUAL REPORT - 1996

EXHIBIT A

ADDITIONAL OFFICERS

TITLE	NAME	ADDRESS
V/CFO	Robert E. Synowicki	14507 Frontier Road Omaha, NE 68138
V/S	John J. Steele	14507 Frontier Road Omaha, NE 68138
V	Alan D. Adams	14507 Frontier Road Omaha, NE 68138
V/D	Gregory L. Werner	14507 Frontier Road Omaha, NE 68138
V	Richard S. Reiser	14507 Frontier Road Omaha, NE 68138
V	Mark A. Martin	14507 Frontier Road Omaha, NE 68138
V	Duane D. Henn	14507 Frontier Road Omaha, NE 68138
V	Larry Williams	14507 Frontier Road Omaha, NE 68138
D	Gail Werner- Robertson	14507 Frontier Road Omaha, NE 68138
D	Donald W. Rogert	14507 Frontier Road Omaha, NE 68138
D	Gerald Timmerman	14507 Frontier Road Omaha, NE 68138