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

PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPE OF



FLORIDA DEPARTMENT OF STATE Sandra B. Mortha

1	996	DIVISI	ON OF CORP	ORATIO	NS						
	MENT # F9500	0003582	(2)								
	TATES AGRISURANCE, II	NC.					 				
ncipa! Place c	of Rusiness	Mailing Address					! !{{ ! !		I BERTAL BONIL I		31 13 /40 1101 1001
•	ST., STE 600 N	222 S 15TH S	T., STE 600 N								
OMAHA NE 6		OMAHA NE 68									
							3. Date Incorporate 07/25/1995		3a. Dat	e of Last F	report
Principal Plac	ce of Business	2a. Mailing Addre	ess				4. FEI Number 47 – 0790)		Applied For
		26 Suite, Apt. #,	etc			$\overline{\Box}$				\$8.7	Not Applicab Additional
Suite, Apt. #	, etc.	27					5 Certificate of Sta	tue Desired		Fee	Required
City & State		City & State	-				Election Campaig Trust Fund Contr	-			0 May Be ed to Fees
Zip	Country	Zip		Country			8. This corporation	has liability for			
	25	29	30				Florida Statutes 10. Name and Add		No.	Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Add	1835 (11014)	10glater oc	Agoni	
CORPOR	RATION SERVICE COMPANY			82	Street A	Address	s (P.O. Box Number i	s Not Accepta	ble}		
	YS STREET										
TALLAH	ASSEE FL 32301-2525			83							
				84					FI	B5 Z	'ip Code
Pursuant to or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Florid orida. Such change was ction 607.0505, Florida	a Statutes, the authorized by Statutes.	1 1	City named co oration's	orporation board	on submits this stater of directors. I hereby	ment for the po accept the app			registered of d agent. I an
GNATURE _	Signature, typeo or printed name of registered ago	ont and stile if applicable	(NOTE: Reg	e above-n the corporation of the	named co oration's	equired w	on submits this stater of directors. I hereby ten reinstelling? ADDITIONS/CHA		pose of continuent a	nanging its is registere D DIRECT	ORS IN 12
GNATURE	Signature, typec or printed name of registered ago OFFICERS A	ont and title if applicable	(NOTE: Reg	e above-n the corporation and approximately pistered Agent	named co oration's	oquired w	hen reinstating? ADDITIONS/CH/	ANGES TO OF	pose of continuent a	nanging its is registere	ORS IN 12
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Georgia M. Mace Treasurer 3-28-96 (402) 344-8800