

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 23 1998 8:00am  
Secretary of State

DOCUMENT # F95000005450 (0)

1. Corporation Name

MFS DOMESTIC PERSONNEL, INC.



Principal Place of Business

11808 MIRACLE HILLS DR  
OMAHA NE 68154  
US

Mailing Address

11808 MIRACLE HILLS DR  
OMAHA NE 68154  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

47-0793263

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☒ DELETE

NAME  
PATEL, SUNIT S  
STREET ADDRESS  
11808 MIRACLE HILLS DR  
CITY-ST-ZIP  
OMAHA NE

TITLE ☒ DELETE

NAME  
SIDGMERE, JOHN W  
STREET ADDRESS  
11808 MIRACLE HILLS DR  
CITY-ST-ZIP  
OMAHA NE

TITLE ☒ DELETE

NAME  
CUSTAR, GLENN  
STREET ADDRESS  
11808 MIRACLE HILLS DR  
CITY-ST-ZIP  
OMAHA NE

TITLE ☒ DELETE

NAME  
LUDVIK, ROBERT J  
STREET ADDRESS  
11808 MIRACLE HILLS DR  
CITY-ST-ZIP  
OMAHA NE

TITLE ☒ DELETE

NAME  
KEITH, DEBRA  
STREET ADDRESS  
11808 MIRACLE HILLS DR  
CITY-ST-ZIP  
OMAHA NE

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
Bernard J. Ebbers  
13 STREET ADDRESS  
515 East Amite St.  
14 CITY-ST-ZIP  
Jackson, MS 39201-2702

21 TITLE ☒ Change ☐ Addition

22 NAME  
VP/Controller  
David F. Myers  
23 STREET ADDRESS  
515 East Amite St.  
24 CITY-ST-ZIP  
Jackson MS 39201-2702

31 TITLE ☒ Change ☐ Addition

32 NAME  
Secretary  
Scott D. Sullivan  
33 STREET ADDRESS  
515 East Amite St.  
34 CITY-ST-ZIP  
Jackson MS 39201-2702

41 TITLE ☒ Change ☐ Addition

42 NAME  
Treasurer  
Scott D. Sullivan  
43 STREET ADDRESS  
515 East Amite St.  
44 CITY-ST-ZIP  
Jackson MS 39201-2702

51 TITLE ☒ Change ☐ Addition

52 NAME  
Director  
Bernard J. Ebbers  
53 STREET ADDRESS  
515 East Amite St.  
54 CITY-ST-ZIP  
Jackson MS 39201-2702

61 TITLE ☒ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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.

CR2E034 (10/97)