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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000156 (7)

1. Corporation Name

FIRST COMMERCE TECHNOLOGIES, INC.

Principal Place of Business

PO BOX 82408
LINCOLN NE 68501-2408

Mailing Address

PO BOX 82408
LINCOLN NE 68501-2408



3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

47-0615078

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	KLEAGER, LARRY	
STREET ADDRESS	5801 KESS DRIVE	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	CST	<input checked="" type="checkbox"/> DELETE
NAME	MAJOR, GARY	
STREET ADDRESS	2530 JACQUELYN DR	
CITY-ST-ZIP	LINCOLN NE 68512	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORELL, BRAD	
STREET ADDRESS	900 PLUM RIDGE ROAD	
CITY-ST-ZIP	LINCOLN NE 68512	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUART, JAMES JR.	
STREET ADDRESS	2425 RIDGE ROAD	
CITY-ST-ZIP	LINCOLN NE 68512	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILL, RONALD	
STREET ADDRESS	11212 SAHLER ST	
CITY-ST-ZIP	OMAHA NE 68164	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDELL, BOB	
STREET ADDRESS	5807 W DOUGLAS AVE	
CITY-ST-ZIP	MILWAUKEE WI 53218	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerge, Patric	
1.3 STREET ADDRESS	3101 Browning Street	
1.4 CITY-ST-ZIP	Lincoln NE 68516	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hill, Mary Jo	
5.3 STREET ADDRESS	2652 Park Avenue	
5.4 CITY-ST-ZIP	Lincoln NE 68502	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Mary Jo Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97
Date

(402) 434-4440
Telephone Number

0499527

CR2E034 (9/96)