

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		47-0615078		Not Applicable	
22 PO Box 82414		27 PO Box 82414		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Lincoln, NE		28 City & State Lincoln, NE		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 68501-2414		25 Country		29 Zip 68501-2414		30 Country	
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

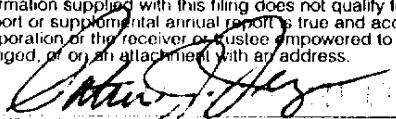
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input type="checkbox"/> DELETE		1.1 TITLE	D/P /s	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JERGE, PATRIC			1.2 NAME	Jerge, Patric		
STREET ADDRESS	3101 BROWNING STREET			1.3 STREET ADDRESS	3101 Browning Street		
CITY-ST-ZIP	LINCOLN NE			1.4 CITY-ST-ZIP	Lincoln, NE 68516		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D/C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORELL, BRAD			2.2 NAME	Korell, Brad		
STREET ADDRESS	900 PLUM RIDGE ROAD			2.3 STREET ADDRESS	900 Plum Ridge Road		
CITY-ST-ZIP	LINCOLN NE 68512			2.4 CITY-ST-ZIP	Lincoln, NE 68512		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUART, JAMES JR.			3.2 NAME			
STREET ADDRESS	2425 RIDGE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LINCOLN NE 68512			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, MARY JO			4.2 NAME	Hill, Mary Jo		
STREET ADDRESS	2652 PARK AVENUE			4.3 STREET ADDRESS	2652 Park Avenue		
CITY-ST-ZIP	LINCOLN NE			4.4 CITY-ST-ZIP	Lincoln, NE 68502		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIDELL, BOB			5.2 NAME			
STREET ADDRESS	5807 W DOUGLAS AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53218			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:



4/29/98

CP2E034 (10/97)