

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000156

1. Entity Name
FIRST COMMERCE TECHNOLOGIES, INC.



Principal Place of Business

**POB 82414
LINCOLN, NE 68501 US**

Mailing Address

**POB 82414
LINCOLN, NE 68501 US**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0615078

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000150693
05/05/04-80086-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWLESS, STEVEN A
STREET ADDRESS	3901 TECHNOLOGY DRIVE
CITY-STATE-ZIP	PADUCAH, KY 42001
TITLE	S
NAME	SOUDER, TAMMY
STREET ADDRESS	3901 TECHNOLOGY DRIVE
CITY-STATE-ZIP	PADUCAH, KY 42001
TITLE	T
NAME	SIMON, DAVID L
STREET ADDRESS	3921 TECHNOLOGY DRIVE
CITY-STATE-ZIP	PADUCAH, KY 42001
TITLE	VP
NAME	ADAMS, R. MICHEAL
STREET ADDRESS	3901 TECHNOLOGY DRIVE
CITY-STATE-ZIP	PADUCAH, KY 420015201
TITLE	SVP
NAME	BALCH, ALLAN
STREET ADDRESS	1612 SHADYWOOD LANE
CITY-STATE-ZIP	MOUNT PLEASANT, TX 75455
TITLE	VP
NAME	HILL, MARY JO
STREET ADDRESS	1248 O STREET
CITY-STATE-ZIP	LINCOLN, NE 68508

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 270442.7361
Date Daytime Phone #