


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000156 1. Entity Name FIRST COMMERCE TECHNOLOGIES, INC.	
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Principal Place of Business POB 82414 LINCOLN, NE 68501 US	Mailing Address POB 82414 LINCOLN, NE 68501 US
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DO NOT WRITE IN THIS SPACE



06082005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0615078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWLESS, STEVEN A 3901 TECHNOLOGY DRIVE PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUDER, TAMMY 3901 TECHNOLOGY DRIVE PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON, DAVID L 3921 TECHNOLOGY DRIVE PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, R. MICHEAL 3901 TECHNOLOGY DRIVE PADUCAH, KY 420015201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BALCH, ALLAN 1612 SHADYWOOD LANE MOUNT PLEASANT, TX 75455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, MARY JO 1248 O STREET LINCOLN, NE 68508

U00000369837
06/23/05-80001-009 558.75

**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)(f), 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: David L. Simon CF 6/17/05 270.442.7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone