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Mar 14 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 # **F96000001228 (3)**

1. Corporation Name
**FIRST INTEGRATED SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1620 DODGE STREET. 5TH FLOOR<br>OMAHA NE 68102-1596 | 1620 DODGE STREET. 5TH FLOOR<br>OMAHA NE 68102-1502 |

3. Date Incorporated or Qualified: 03/11/1996
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: 47-0794801 ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYS STREET**
**SUITE 105**
**TALLAHASSEE FL 32301**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PC | ☐ DELETE | 1.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | MARSHALL, FRANCES A | | 1.2 NAME | Pape, Susan F | |
| STREET ADDRESS | 1299 FARNAM, 14TH FLOOR | | 1.3 STREET ADDRESS | 1620 Dodge Street 5th Floor | |
| CITY-ST-ZIP | OMAHA NE 68102 | | 1.4 CITY-ST-ZIP | Omaha, NE 68102-1596 | |
| TITLE | S | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELLS, DAVID | | 2.2 NAME | | |
| STREET ADDRESS | 1620 DODGE STREET, 5TH FLOOR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OMAHA NE 68102-1596 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | T | ☐ Change ☐ Addition |
| NAME | ELIOPOULOS, ELIAS J | | 3.2 NAME | Hart, Timothy D | |
| STREET ADDRESS | 1620 DODGE STREET, 5TH FLOOR | | 3.3 STREET ADDRESS | 1620 Dodge Street 5th Floor | |
| CITY-ST-ZIP | OMAHA NE 68102-1596 | | 3.4 CITY-ST-ZIP | Omaha, NE 68102-1596 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHMIDT, JAMES C | | 4.2 NAME | | |
| STREET ADDRESS | 1620 DODGE STREET, 17TH FLOOR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OMAHA NE 68102-1596 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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:** Susan Pape, Susan Pape 3.7.97 (402) 341-0500