

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 034 ***150.00

0550125

DOCUMENT # F96000001228

1. Corporation Name

FIRST INTEGRATED SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1620 DODGE STREET, 5TH FLOOR
OMAHA NE 68102-1596

Mailing Address

1620 DODGE STREET, 5TH FLOOR
OMAHA NE 68102-1596

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/11/1996

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME PAPE SUSAN F
STREET ADDRESS 1620 DODGE ST 5TH FLOOR
CITY-ST-ZIP OMAHA NE

TITLE T ☐ DELETE

NAME HART TIMOTHY D
STREET ADDRESS 1620 DODGE ST 5TH FLOOR
CITY-ST-ZIP OMAHA NE

TITLE D ☒ DELETE

NAME ELIOPOULOS, ELIAS J
STREET ADDRESS 1620 DODGE STREET, 5TH FLOOR
CITY-ST-ZIP OMAHA NE 68102-1596

TITLE D ☐ DELETE

NAME SCHMIDT, JAMES C
STREET ADDRESS 1620 DODGE STREET, 17TH FLOOR
CITY-ST-ZIP OMAHA NE 68102-1596

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/C
James A. Mills
1620 Dodge Street
Omaha, NE 68102

D
Russell K. Oatman
1620 Dodge St
Omaha, NE 68102

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, with all other like empowered.

SIGNATURE:

SUSAN F. PAPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (402) 341-0500

Date

Daytime Phone #

CR2E034 (11/98)