

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003567 (2)**

1. Corporation Name

**NEBRASKA INVESTMENT SERVICES, INC.**

Principal Place of Business

**1130 MANCHESTER DR.  
LINCOLN NE 68528**

Mailing Address

**1130 MANCHESTER DR.  
LINCOLN NE 68528-1048**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>07/16/1996</b>	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b> <b>47-0760276</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**CRANG, MICHELLE  
210 SOUTH MACDILL  
TAMPA FL 33609**

**10. Name and Address of New Registered Agent**

**81 Name** **ROBERT S. Cothorn** % Paycheck  
**82 Street Address (P.O. Box Number is Not Acceptable)** **2525 E. Hillsborough #121** Advance  
**83** **FESTIVAL PLAZA**  
**84 City** **TAMPA** **FL** **85 Zip Code** **33610**

**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

*Rule 21* **Robert S. Cothorn**

**4/20/97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, RONALD R	1.2 NAME	
STREET ADDRESS	1130 MANCHESTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLN NE	1.4 CITY - ST - ZIP	
TITLE	STVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, TRINA L	2.2 NAME	
STREET ADDRESS	1130 MANCHESTER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLN NE	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

*Trina L. Canfield* **REQUIRED TRINA L. CANFIELD**

**4/20/97** **(402)** **435-5692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0500612

CR2E034 (9/96)