2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F96000004743

Entity Name: LOZIER CORPORATION

Current Principal Place of Business:

6336 PERSHING DR
OMAHA, NE 68110

New Principal Place of Business:

Current Mailing Address:

6336 PERSHING DR
OMAHA, NE 68110

New Mailing Address:

FEI Number: 47-0463247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: LOZIER, ALLAN
Address: 3611 HAWK WOODS CIRCLE
City-St-Zip: OMAHA, NE 68112

Title: T ( ) Delete
Name: MULLER, JAN
Address: 14940 HAWTHORNE AVE
City-St-Zip: OMAHA, NE 68154

Title: V ( ) Delete
Name: KLEINSMITH, VICKEY W
Address: 7121 N. 117TH. STREET
City-St-Zip: OMAHA, NE 68142

Title: PS ( ) Delete
Name: ANDREWS, SHERI L
Address: 16717 FREDERICK CIRCLE
City-St-Zip: OMAHA, NE 68130

Title: D (X) Delete
Name: SMITH, LONNIE M
Address: 1340 MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change ( ) Addition
Name: ANDREWS, SHERI L
Address: 16717 FREDERICK CIRCLE
City-St-Zip: OMAHA, NE 68130

Title: D (X) Change ( ) Addition
Name: SMITH, LONNIE M
Address: 1340 MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN MULLER TREA 04/21/2009

Electronic Signature of Signing Officer or Director — Date