

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001222

FILED
Jan 03, 2007
Secretary of State

Entity Name: F.A.C.T.S. MANAGEMENT CO.

Current Principal Place of Business:

100 NORTH 56TH STREET
STE 306
LINCOLN, NE 68504 US

New Principal Place of Business:

Current Mailing Address:

5555 SOUTH STREET
2ND FLOOR
LINCOLN, NE 68506 US

New Mailing Address:

FEI Number: 47-0751402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTICE, WILLIAM J
1309 EAST WALLACE STREET
ORLANDO, FL 32809 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: PD () Delete
Name: BYRNES, DAVID
Address: 100 NORTH 56TH STREET, STE 306
City-St-Zip: LINCOLN, NE 68504

Title: VPD () Delete
Name: TEWES, TIMOTHY A
Address: 100 N 56TH STREET STE 306
City-St-Zip: LINCOLN, NE 68504

Title: S () Delete
Name: MARTINEZ, ED
Address: 121 S 13TH STREET STE 201
City-St-Zip: LINCOLN, NE 68508

Title: TD () Delete
Name: HELMES, TERRY
Address: 121 S 13TH STREET STE 201
City-St-Zip: LINCOLN, NE 68508

Title: D () Delete
Name: DUNLAP, MICHAEL
Address: 121 S 13TH STREET STE 201
City-St-Zip: LINCOLN, NE 68508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BYRNES

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date