999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 19, 1999 8:00 am
Secretary of State
08-19-1999 90006 013 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F97000001644

1. Corporation Name
PKS INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
11707 MIRCLE HILLS DR. OMAHA NE 68154	11707 MIRCLE HILLS DR. OMAHA NE 68154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1997

2. Principal Place of Business	2a. Mailing Address
21 13710 FNB Parkway	26 13710 FNB Parkway
22 Suite 400	27 Suite 400
23 Omaha NE	28 Omaha NE
24 Zip 68154 / 25 Country USA	29 Zip 68154 / 30 Country USA

4. FEI Number: 47-0735805 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	JULIAN, ROBERT E		1.2 NAME	Jimmy D. Byrd	
STREET ADDRESS	11707 MIRCLE HILLS DR.		1.3 STREET ADDRESS	13710 FNB Parkway, Suite 400	
CITY-ST-ZIP	OMAHA NE 68154		1.4 CITY-ST-ZIP	Omaha, NE 68154	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	RUPO, RAUL		2.2 NAME	James Q. Crowe	
STREET ADDRESS	11707 MIRCLE HILLS DR.		2.3 STREET ADDRESS	1450 Infinite Drive	
CITY-ST-ZIP	OMAHA NE 68154		2.4 CITY-ST-ZIP	Louisville, CO 80027	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MURPHY, JOSEPH A		3.2 NAME	Douglas Bradbury	
STREET ADDRESS	11707 MIRCLE HILLS DR.		3.3 STREET ADDRESS	1450 Infinite Drive	
CITY-ST-ZIP	OMAHA NE 68154		3.4 CITY-ST-ZIP	Louisville, CO 80027	
TITLE	VP	☒ DELETE	4.1 TITLE	V/S	☐ Change ☒ Addition
NAME	ELDER, JOYCE		4.2 NAME	J. Scott Searl	
STREET ADDRESS	11707 MIRACLE HILLS DR.		4.3 STREET ADDRESS	1450 FNB Parkway, Suite 400	
CITY-ST-ZIP	OMAHA NE 68154		4.4 CITY-ST-ZIP	Omaha, NE 68154	
TITLE	VPT	☐ DELETE	5.1 TITLE	V/T	☒ Change ☐ Addition
NAME	CLARK, JAMES R.		5.2 NAME	James R. Clark	
STREET ADDRESS	11707 MIRACLE HILLS DRIVE		5.3 STREET ADDRESS	13710 FNB Parkway, Suite 400	
CITY-ST-ZIP	OMAHA NE 68154		5.4 CITY-ST-ZIP	Omaha, NE 68154	
TITLE	VD	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	SZALAY, ROBERT N		6.2 NAME	Robert N. Szalay	
STREET ADDRESS	11707 MIRCLE HILLS DR.		6.3 STREET ADDRESS	13710 FNB Parkway, Suite 400	
CITY-ST-ZIP	OMAHA NE 68154		6.4 CITY-ST-ZIP	Omaha, NE 68154	

CR2E034 (5/99)

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.

SIGNATURE: J. Scott Searl PRES J. Scott Searl July 9, 1999 (402) 496-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #