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FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001896 (6)

1. Corporation Name

PKS SYSTEMS INTEGRATION, INC.

Principal Place of Business

11707 MIRACLE HILLS DR  
OMAHA NE 68154

Mailing Address

11707 MIRACLE HILLS DR  
OMAHA NE 68154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

47-0796263

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 NAME STREET ADDRESS CITY-ST-ZIP

D  
JULIAN, ROBERT  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP  
PUPO, RAUL  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
GRANT, RALPH A  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
CLARK, JAMES R  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS  
SEARL, J SCOTT  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
PAWLUKOWSKY, VLADIMIR  
11707 MIRACLE HILLS DR  
OMAHA NE 68154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Vice President  
Holden, Vern  
12100 West Center  
Omaha, NE 68144

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Vice President  
Branscombe, Steven  
12100 West Center  
Omaha, NE 68144

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

James R. Clark

1-26-98 402-496-8762

CR2E034 (10/97)