

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90074 028 \*\*\*150.00

DOCUMENT # **F97000003205**

1. Corporation Name

**COMPUTER CHEQUE OF NEBRASKA, CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>604 N 129TH ST OMAHA NE 68154 US</b>		Mailing Address <b>604 N 129TH ST OMAHA NE 68154 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
3. Date Incorporated or Qualified <b>06/19/1997</b>		4. FEI Number <b>47-0635970</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President of Parent Co. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>C ROBERTS, RICHARDSON</b>	1.2 NAME	<b>Nick Logan</b>
STREET ADDRESS	<b>13025 SOUTHDAL DR</b>	1.3 STREET ADDRESS	<b>One Concourse Parkway, Suite 300</b>
CITY-ST-ZIP	<b>OMAHA NE 68137</b>	1.4 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President of Parent Co. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D DAILEY, GREG</b>	2.2 NAME	<b>Paul Oswald</b>
STREET ADDRESS	<b>5353 HILLSBORO RD</b>	2.3 STREET ADDRESS	<b>One Concourse Parkway, Suite 300</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	2.4 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MOON, STEVE</b>	3.2 NAME	
STREET ADDRESS	<b>16588 NINA CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68130</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V HAMMOND, CLIF</b>	4.2 NAME	
STREET ADDRESS	<b>21730 BONANZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELKHORN NE 68022</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V SHANEYFELT, RICK</b>	5.2 NAME	
STREET ADDRESS	<b>305 S 52ND ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68134</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S GREEN, ALAN</b>	6.2 NAME	
STREET ADDRESS	<b>6013 PIERCE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68106</b>	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 2 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alan M. Green**

**April 22, 1999 (402) 827-5500**

Date Daytime Phone #

CR2E034 (11/98)