

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90336 019 ***150.00

DOCUMENT # F98000004854

1. Entity Name
GREAT WEST SERVICES, INC.



40043106

Principal Place of Business
**1100 W. 29TH ST
SOUTH SIOUX CITY, NE 68776**

Mailing Address
**1100 W. 29TH ST
SOUTH SIOUX CITY, NE 68776**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03202006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
47-0430607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KESSLER, PAULA
NATIONSBANK BLDG, ONE FINANCIAL PLAZA
17TH FLOOR
FT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUGLEBERG, HUGH H 1100 W. 29TH ST SOUTH SIOUX CITY, NE 68776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DALTON, MICHAEL 2030 FALLING WATER ROAD STE 300 KNOXVILLE, TN 37922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAGER, R. SCOTT 1100 W. 29TH ST SOUTH SIOUX CITY, NE 68776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TENHULZEN, GAYLEN L 1100 W. 29TH ST SOUTH SIOUX CITY, NE 68776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAWSON, RAYMOND A III 2030 FALLING WATER ROAD STE 300 KNOXVILLE, TN 37922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COOK, DEBORAH J 1100 W. 29TH ST SOUTH SIOUX CITY, NE 68776	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President John Fitzgerald 2030 Falling Water Road, Suite 300 Knoxville TN 37922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Mary E. Anderson 1100 West 29th Street South Sioux City NE 68776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah J Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/06

Date

(402) 494-7428

Daytime Phone #