

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000533**

1. Entity Name

FINANCIAL DYNAMICS AMERICA, INC.

Principal Place of Business

**7100 W. CENTER. STE. 500
OMAHA NE 68106**

Mailing Address

**7100 W. CENTER. STE. 500
OMAHA NE 68106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **DP** ☐ Delete
NAME **CROSS, W. THOMAS**
STREET ADDRESS **5507 S. 174 ST.**
CITY-ST-ZIP **OMAHA NE 68135**TITLE **DS** ☐ Delete
NAME **MCWHORTER, STEVEN F**
STREET ADDRESS **456 N. 61 ST.**
CITY-ST-ZIP **OMAHA NE 68132**TITLE **VT** ☐ Delete
NAME **NAGENGAST, JAMES D**
STREET ADDRESS **5626 DECATUR ST.**
CITY-ST-ZIP **OMAHA NE 68104**TITLE **V** ☐ Delete
NAME **DURRIE, DOUGLAS H**
STREET ADDRESS **8711 LARIMORE**
CITY-ST-ZIP **OMAHA NE 68134**TITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

402-399-9111**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90143 033 ***150.00

00047368

DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0648971**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Date

Daytime Phone #

402-399-9111

CR2E034 (10/00)

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