

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 032 ***150.00

DOCUMENT #

1. Entity Name **M44961**

Ameritrade Institutional Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4211 South 102nd St.

Suite, Apt. #, etc.

3. Mailing Address

c/o Corporate Tax,

Suite, Apt. #, etc.

4211 South 102nd Street

City & State

Omaha, Nebraska

City & State

Omaha, Nebraska

4. FEI Number

11-3036499

Applied For

Not Applicable

Zip

68127-1031

Country

USA

Zip

68127-1031

Country

USA

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

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street, Suite 105

City

Tallahassee,

FL

Zip Code 32301

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

**V
Mark Gibson
4211 South 102nd St.
Omaha, Ne 68127-1031**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**S
J. Peter Ricketts
Same As Above**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**T
John R. MacDonald
Same As Above**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Gibson

Date

4/29/02 402-970-7777

Display Phone #

CR2E034B (12/01)