


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M44961		
1. Entity Name AMERITRADE INSTITUTIONAL SERVICES, INC.		
Principal Place of Business 4211 SOUTH 102ND STREET OMAHA, NE 68127 US		Mailing Address C/O CORPORATE TAX 4211 SOUTH 102ND STREET OMAHA, NE 68127-1031 US
DO NOT WRITE IN THIS SPACE		
		03142005 No Chg-P CR2E034 (10/03)
		4. FEI Number 11-3036499 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RICKETTS, J PETER 4211 SOUTH 102ND ST OMAHA, NE 68127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACDONALD, JOHN R 4211 SOUTH 102ND ST OMAHA, NE 68127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, J JOE 4211 SOUTH 102ND ST OMAHA, NE 68127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		John R. MacDonald Date 4.28.05 Daytime Phone #