

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED APR 29 PM 5:00 SECRETARY OF STATE
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M98000000783**

**PKS SYSTEMS INTEGRATION LLC**  
~~11707 MIRACLE HILLS DRIVE~~  
OMAHA NE 68154

1a. Principal Place of Business Address  
~~11707 MIRACLE HILLS DRIVE~~  
OMAHA NE 68154

2. Principal Place of Business 13710 FNB Parkway Suite, Apt. #, etc. Suite 400 City & State	2a. Mailing Address 13710 FNB Parkway Suite, Apt. #, etc. Suite 400 City & State	3. Date Organized or Qualified 07/06/1998	3a. State of Formation DE
Zip	Country	4. FEI Number 47-0809896 <b>APPLIED-FOR</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

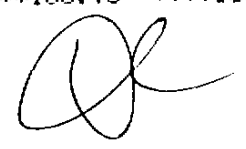
7. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PKS INFORMATION SERVIC	13710 FNB PARKWAY, SUITE /4 F 400	OMAHA NE 68154

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\*\*\*\*188.75 \*\*\*\*188.75



11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *J. Scott Searl* J. Scott Searl 04/28/99 402-496-8605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dyaline Phone #