

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M98000000783**

1. Entity Name  
**PKS SYSTEMS INTEGRATION LLC**

Principal Place of Business 13710 FNB PARKWAY, SUITE 400 OMAHA NE 68154	Mailing Address 13710 FNB PARKWAY, SUITE 400 OMAHA NE 68154-5298
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2. Principal Place of Business <b>1025 Eldorado Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1025 Eldorado Blvd.</b> Suite, Apt. #, etc.
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City & State <b>Broomfield, CO</b>	City & State <b>Broomfield, CO</b>
Zip <b>80021</b> Country <b>US</b>	Zip <b>80021</b> Country <b>US</b>

4. FEI Number **47-0809896** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME	<b>MGRM PKS INFORMATION SERVICES, INC.</b>	<input type="checkbox"/>
STREET ADDRESS	<b>13710 FNB PARKWAY, SUITE 400</b>	
CITY- ST- ZIP	<b>OMAHA NE 68154</b>	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<b>1025 Eldorado Blvd.</b>		
CITY- ST- ZIP	<b>Broomfield, CO 80021</b>		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<b>500003269745--5</b>		
CITY- ST- ZIP	<b>-05/30/00--01016--018</b>		
	<b>*****50.00 *****50.00</b>		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

11. 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 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.

SIGNATURE: *Eric J. Mortensen* **Eric J. Mortensen** **4-24-00** **(303) 635-9184**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)