

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90257 028 ***150.00

DOCUMENT # P01000064721

1. Entity Name
NELNET GUARANTEE SERVICES, INC.



Principal Place of Business
**6420 SOUTHPPOINT PARKWAY
JACKSONVILLE, FL 32216**

Mailing Address
**3015 S. PARKER ROAD
400 LEGAL DEPT.
AURORA, CO 80014**

20044990



2. Principal Place of Business
**121 S. 13th St.
Suite 201**

3. Mailing Address
**121 S. 13th St.
Suite 201**

03182005 Chg-P CR2E034 (10/03)

City & State
Lincoln, NE
Zip **68508** Country **USA**

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Lincoln, NE
Zip **68508** Country **USA**

4. FEI Number
59-3756508
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **TD HEIMES, TERRY** ☐ Delete
STREET ADDRESS **121 SOUTH 13TH STREET, #301**
CITY-ST-ZIP **LINCOLN, NE 68508**

TITLE
NAME **O DUNLAP, MICHAEL S** ☐ Delete
STREET ADDRESS **121 S. 13TH STREET, STE 201**
CITY-ST-ZIP **LINCOLN, NE 68508**

TITLE
NAME **SD MARTINEZ, EDWARD P** ☐ Delete
STREET ADDRESS **3015 S. PARKER RD, STE 400**
CITY-ST-ZIP **AURORA, CO 80014**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Stephen Butterfield**
STREET ADDRESS **6991 E. Camelback Rd, Ste B290**
CITY-ST-ZIP **Scottsdale, AZ 85251**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Chuck Hosea**
STREET ADDRESS **6420 Southpoint Parkway**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **V** ☐ Change ☒ Addition
NAME **James Kruger**
STREET ADDRESS **121 S. 13th St, Ste 201**
CITY-ST-ZIP **Lincoln, NE 68508**

TITLE **S** ☐ Change ☒ Addition
NAME **William Munn**
STREET ADDRESS **3015 S. Parker Rd, Ste 400**
CITY-ST-ZIP **Aurora, CO 80014**

12. 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 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

3/25/05

402.458.2370

Date

Daytime Phone #