

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90218 045 ***150.00

DOCUMENT # P02871**1. Entity Name**
AMERITAS INVESTMENT CORP**Principal Place of Business****5900 O ST**
LINCOLN NE 68510-2234
US**Mailing Address****5900 O ST**
LINCOLN NE 68510-2234
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**47-0663374****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****UNITED STATES CORPORATION COMPANY**
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**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**

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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
	CD			
	ARTH, LAWRENCE J.	5900 "O" STREET	LINCOLN NE 68510	
	VPMA			
	BITTNER, THOMAS C.	5900 "O" ST	LINCOLN NE 68510	
	SVD			
	LOUIS, KENETH C.	5900 "O" STREET	LINCOLN NE 68510	
	VRSM			
	SCHEER, JOHN V	5900 O STREET	LINCOLN NE 68510	
	PCEO			
	GIOVANNI, WILLIAM R	5900 "O" STREET	LINCOLN NE 68510	
	T			
	LESTER, WILLIAM J	5900 O ST	LINCOLN NE 68510	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VP-RETAIL SALES MANAGER			<input checked="" type="checkbox"/>	
	WILLIAM J JANSSEN	5900 "O" ST	LINCOLN NE 68510		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/29/2002

Date

402 467-7715

Daytime Phone #

JOHN V. SCHEER

CR2E034 (9/01)