

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10746

FILED
Mar 28, 2005
Secretary of State

Entity Name: CONTINENTAL FIRE SPRINKLER COMPANY

Current Principal Place of Business:

4518 SOUTH 133RD ST
OMAHA, NE 68137 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 45777
OMAHA, NE 68145777 US

New Mailing Address:

FEI Number: 47-0535774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCVEY, JOHN N
Address: 3116 ARMBRUST DR.
City-St-Zip: OMAHA, NE

Title: D () Delete
Name: MCVEY, WILLIAM F
Address: 18935 E. PICACHO ROAD
City-St-Zip: RIO VERDE, AZ 85263

Title: PD () Delete
Name: MCVEY, KERRY N
Address: 737 N 163RD AVE
City-St-Zip: OMAHA, NE 68118

Title: SD () Delete
Name: MCVEY, THOMAS L
Address: 117 RIDGEWOOD AVE
City-St-Zip: DAVENPORT, IA 52803

Title: VP () Delete
Name: GAMM, JEFFREY
Address: 29 GINGER WOODS ROAD
City-St-Zip: VALLEY, NE 68064

Title: TVFD () Delete
Name: THORNQUIST, BRENT S
Address: 1855 S 110TH ST
City-St-Zip: OMAHA, NE 68144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT S THORNQUIST

TVFD

03/28/2005

Electronic Signature of Signing Officer or Director

Date