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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13710 (9)

1. Corporation Name
MARIO OLIVE DIVISION OF WESTIN, INC.

Principal Place of Business	Mailing Address
4727 CENTER STREET OMAHA NE 68106	4727 CENTER STREET OMAHA NE 68106-3344

3. Date Incorporated or Qualified: 03/20/1987
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business
21 11808 W. Center Street
Suite, Apt. #, etc.
22
City & State
23 Omaha, NE 68144
Zip 24 68144 Country 25 USA

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 47-0615732 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WESTIN, R.S.		1.2 NAME		
STREET ADDRESS	9755 FREDERICK STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WESTIN, DIANE M.		2.2 NAME		
STREET ADDRESS	9755 FREDERICK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, ELAINE		3.2 NAME		
STREET ADDRESS	8862 IZARD CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EENHUIS, LORETTA		4.2 NAME		
STREET ADDRESS	2518 S. 46TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WESTIN-BEHMER, KRISTIN		5.2 NAME		
STREET ADDRESS	1440 MILLVIEW ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BATAVIA IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	WESTIN-SCHMIDT, KARIN		6.2 NAME	Westin-Hogan, Karin	
STREET ADDRESS	15620 HICKORY STREET		6.3 STREET ADDRESS	16018 Lake Circle	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Omaha, NE 68116	

CR2E034 (9/96)

14. 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 or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loretta Eenhuis 3/07/97 402/691-8800