## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13710

Entity Name: MARIO OLIVE DIVISION OF WESTIN, INC.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
11808 WEST CENTER ST OMAHA, NE 68144 US				11808 WEST CENTER RD OMAHA, NE 68144 US		
Current Mailing Address:			New Maili	New Mailing Address:		
11808 WEST CENTER ST OMAHA, NE 68144 US				11808 WEST CENTER RD OMAHA, NE 68144 US		
FEI Number	: 47-0615732	FEI Number Applied For ( )	FEI Number Not Appl	cable ( ) Certificat	e of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Regi	stered Agent:	
1200 S. PI PLANTAT The above	ORATION SYS NE ISLAND RC ION, FL 33324 a named entity s a of Florida.		ırpose of changing i	s registered office or re	gistered agent, or both,	
SIGNATUI	RE:					
	Electroni	ic Signature of Registered Ager	nt	[	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CEO () SCOTT CARLSO 11808 WEST CI OMAHA, NE 68	ENTER STREET	Title: Name: Address: City-St-Zip:	CEO (X) Change ( CARLSON, SCOTT 16427 JONES CIRCLE OMAHA, NE 68130 US	) Addition	
Title: Name: Address: City-St-Zip:	VD () WESTIN, DIANE 9755 FREDERIO OMAHA, NE		Title: Name: Address: City-St-Zip:	VP (X) Change ( WESTIN, DIANE M 9755 FREDERICK STREE OMAHA, NE 68124 US		
Title: Name: Address: City-St-Zip:	S () POPPEN, BRAD 11808 WEST CI OMAHA, NE 68	ENTER ROAD	Title: Name: Address: City-St-Zip:	S (X) Change ( POPPEN, BRADLEY L 14101 SAHLER STREET OMAHA, NE 68164	) Addition	
Title: Name: Address: City-St-Zip:	T () POPPEN, BRAD 11808 WEST CI OMAHA, NE 68	ENTER ROAD	Title: Name: Address: City-St-Zip:	CH (X) Change ( WESTIN, RICHARD S SR 9755 FREDERICK CIRCLI OMAHA, NE 68124 US		
Title: Name:	D () WESTIN-BEHMI	Delete ER, KRIST, IN	Title: Name:	D (X) Change ( WESTIN-BEHMER, KRIST		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1S758 GROVE HILLS DR

WESTIN-HOGAN, KARIN

(X) Change ( ) Addition

BATTAVIA, IL 60510

16018 LAKE CIRCLE

OMAHA, NE 68116

SIGNATURE: BRADLEY L POPPEN S 02/09/2007

1S758 GROVE HILLS DR

WESTIN-HOGAN, KARIN

16018 LAKE CIRCLE

OMAHA, NE

( ) Delete

BATAVIA, IL 60510

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip: