.2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # P22595** 1. Entity Name THE PACESETTER CORPORATION OF NEBRASKA 05-16-2001 90001 008 ***150.00 Mailing Address Principal Place of Business 4343 S. 96TH STREET 4343 S. 96TH STREET OMAHA NE 68127 OMAHA NE 68127 549243 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 47-0486836 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE telete Harlay D. Schrager 9709 Fieldcrest Drive TITLE SCHRAGER, HARLEY D. NAME NAME STREET ADDRESS 9709 FIELDCREST DRIVE STREET ADDRESS CITY-ST-ZIP omaka Ne OMAHA NE CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE KLUTHE, DONALD D NAME NAME STREET ADDRESS 16617 POPPLETON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OMAHA NE Change Addition TITLE Delete EDELSTEIN, STANLEY M. NAME NAME 15315 SHIRLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OMAHA NE ☐ Change Addition ☐ Delete TITLE CAMPNEY, ROBERT G. NAME NAME 1412 N. 147TH PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OMAHA NE Addition Change ☐ Delete TITLE TITLE SCHRAGER, PHILLIP G. NAME NAME 3217 S. 101ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OMAHA NE CITY-ST-ZIP PRESIDENT Change X Addition ☐ Delete TITLE PETER M. DANIELSON NAME 10 GINGER COVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JALLEY NE CITY-ST-ZIP 68064 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: Davtime Phone # SIGNATURE AND TYPED OR PRINTED NAM the Gut