

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91645 040 ***150.00

05/28/02 AT

DOCUMENT # P22595

1. Entity Name
THE PACESETTER CORPORATION OF NEBRASKA

Principal Place of Business 4343 S. 96TH STREET OMAHA NE 68127	Mailing Address 4343 S. 96TH STREET OMAHA NE 68127
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~THE PRENTICE-HALL CORPORATION SYSTEM INC.~~
 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRAGER, HARLEY D. 9709 FIELDCREST DRIVE OMAHA NE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLUTHE, DONALD D 16617 POPPLETON AVE. OMAHA NE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDELSTEIN, STANLEY M. 15315 SHIRLEY STREET OMAHA NE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPNEY, ROBERT G. 1412 N. 147TH PLAZA OMAHA NE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRAGER, PHILLIP G. 3217 S. 101ST STREET OMAHA NE	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELSON, PETER M 10 GINGER COVE ROAD VALLEY NE 68064	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Robert Campney* **SIGNATURE REQUIRED** *Robert Campney Treasurer 4/25/02 (402) 331-9400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)