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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CUSHMAN INC.

P24827

(8)

FILED May 04 1998 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | | | | | | | | |
|-----------------------------|--|-----------------------------|-----------------------|---------|--------------------|--|------------------|----------|--------------|--|
| 900 N 21ST S | ST . | 900 N 21ST ST | | | | | | | | |
| P.O. BOX 82409 | | P.O. BOX 82409 | | | | | | | | |
| LINCOLN NE 68501-2409 | | | LINCOLN NE 68501-2409 | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | | 3. Date Incorporated or Qualified 06/19/1989 | | | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Addre | SS | | | 4. FEI Number | | Ap | plied For | |
| 21 | | 26 | 26 | | | 47-0727782 Not Applicable | | | t Applicable | |
| Suite, Apt. #, etc. | | Surte, Apt. #, i | Surte, Apt. #, etc. | | | E Contitionto of Dark - Desired | □ \$8 | +_ | Additional | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | | Fee Re | quired | |
| City & State |) | City & State | City & State | | | 6. Election Campaign Financing | \$ | 5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | | o Fees | |
| Zip | Country | Ζip | Co | Country | | 8. This corporation owes or has pa | id the current y | ear Inte | angible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June | 2 | _ |] No | |
| | 9. Name and Address of Curi | rent Registered Agent | | II. | | 10. Name and Address of New Re | gistered Ageni | l | | |
| CT | CORPORATION SYSTEM | | | 81 | Name | | | | | |
| 1200 S. PINE ISLAND ROAD | | | | 82 | Ctropt A | ddress (P.O. Box Number is Not Acceptab | le) | | | |
| PLA | NTATION FL 33324 | | 82 | | | ddress (P.O. Box Number is Not Acceptat | n e) | | | |
| | | | | 83 | | | | | | |
| | | | | Ш | | | | | | |
| | | | | 84 | City | | FL 85 | Zip (| Code | |
| 11. Pursuant t | o the provisions of Sections 607.0 | 502 and 607,1508, Florida | Statutes, the | above | e-named c | orporation submits this statement for the p | | aine its | s registered | |
| Office or re | egistere d agent, or both, in the Sta | ate of Florida. Such chang | e was authoriza | ed by | the corpo | oration's board of directors. I hereby accep | of the appointm | ent as | registered | |
| - | m familiar with, and accept the ob | ngations of, Section 607.0 | 505, Florida St | alutes | i. | | | | | |
| SIGNATURE . | Signature, typed or printed hame of registered | eurot and tile d applicable | (NOTE Benisler | ed Ano | nt signature co | equired when reinstating) | DATE | | | |
| 12. | | AND DIRECTORS | I 13 | | in any rations for | ADDITIONS/CHANGES TO OFFICE | | CTOR | S IN 12 | |
| TITLE | P | ☐ DEL | ETE 1.1 | TITLE | | | | hange | Addition | |
| NAME | STUART, THOMAS G | | | NAME | | | | | | |
| STREET ADDRESS | 900 N 21ST ST | | 4 | | ADDRESS | | | | | |
| CITY-ST-ZIP | LINCOLN NE | | | DITY-SI | | | .* | | | |
| TITLE | T | DEL | | IITLE | 1-ZIF | | Πĉ | hange | Addition | |
| NAME | MEINTS, DELMAR L. | <u></u> | 1 | NAME | | | _ u | ila ilgo | | |
| STREET ADDRESS | 900 N. 21ST STREET | | ■ * | | 1000000 | | | | - | |
| | LINCOLN NE | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | VSAT | □ DEL | | CHTY-S | 1-ZIP | | По | hanaa | Addition | |
| ı | DAILEY, JEFFREY G | MC | 1 | IITLE | | | L.1 U | hange | Addition | |
| NAME | 900 N 21ST | | | NAME | | | • | | | |
| STREET ADDRESS | UNCOLN NE | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | AS | T or | | CITY-S | T-ZIP | | T1 5 | h | | |
| TITLE | HOWLEY, KEVIN | L DEL | | ITLE | | | LJ (I | hange | ☐ Addition | |
| NAME | 900 N 21ST | | | NAME | 1 | | | | 1 | |
| STREET ADDRESS | LINCOLN NE | | | | ADDRESS | | | |] | |
| CITY-ST-ZIP | CHACOTH IAE | | | DITY-SI | - ZIP | | | | | |
| TITLE | | ☐ DEL: | | | } | | | nange | Addition | |
| NAME | | | 521 | IAME | | | | | | |
| STREET ADDRESS | | | 535 | STREET | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | | HTY-SI | - ZIP | | | | | |
| TITLE | | ☐ DEL | TE 611 | ITLE | | | | nange | ☐ Addition | |
| NAME | | | 6.2) | IAME | | | | | | |
| STREET ADDRESS | | | 6.3 5 | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 (| OTY-ST | - ZIP | | | | | |

14. 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 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.