

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90037 046 ***150.00

0650215

DOCUMENT # P24827

1. Corporation Name
CUSHMAN INC.

Principal Place of Business

900 N 21ST ST
P.O. BOX 82409
LINCOLN NE 68501-2409
US

Mailing Address

900 N 21ST ST
P.O. BOX 82409
LINCOLN NE 68501-2409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1989

4. FEI Number

47-0727782

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME STUART, THOMAS G
STREET ADDRESS 900 N 21ST ST
CITY-ST-ZIP LINCOLN NE

TITLE T ☒ DELETE

NAME MEINTS, DELMAR L.
STREET ADDRESS 900 N. 21ST STREET
CITY-ST-ZIP LINCOLN NE

TITLE VSAT ☒ DELETE

NAME DAILEY, JEFFREY G
STREET ADDRESS 900 N 21ST
CITY-ST-ZIP LINCOLN NE

TITLE AS ☒ DELETE

NAME HOWLEY, KEVIN
STREET ADDRESS 900 N 21ST
CITY-ST-ZIP LINCOLN NE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☐ Change ☒ Addition

12 NAME Phillip J. Trailes
13 STREET ADDRESS 1721 Packard Ave
14 CITY-ST-ZIP Racine WI 53403-2564

21 TITLE VP Operations ☐ Change ☐ Addition

22 NAME Jeffrey G. Dailey
23 STREET ADDRESS 900 N 21st Street
24 CITY-ST-ZIP Lincoln NE 68501-2409

31 TITLE Assistant Secretary ☐ Change ☐ Addition

32 NAME Kevin J. Howley
33 STREET ADDRESS 900 N. 21st Street
34 CITY-ST-ZIP Lincoln NE 68501-2409

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)