

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # P26506

1. Corporation Name
ITI MARKETING SERVICES, INC.

400001492664
-05/17/95--01183--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 902 NO 91ST PLAZA OMAHA NE 68114 US		Mailing Address 902 NO 91ST PLAZA OMAHA NE 68114 US		3. Date Incorporated or Qualified 10/19/89	3a. Date of Last Report 05/01/94
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 47-0692210		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME WELCH, BRENT J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 NO 91ST PLAZA	CITY ST ZIP OMAHA NE 68114	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE V/D	NAME IDELMAN, SHERI B.	2.1 TITLE	VICE CHAIRMAN/CHIEF OPERATING OFFICER/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 NO 91ST PLAZA	CITY ST ZIP OMAHA NE 68114	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE T/S	NAME MCKAIN, MATTHEW R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 NO 91ST PLAZA	CITY ST ZIP OMAHA NE 68114	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE C/D	NAME IDELMAN, STEVEN A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 NO 91ST PLAZA	CITY ST ZIP OMAHA NE 68114	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE AS	NAME KATHRYN A. EKELER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 902 NO 91ST PLAZA	CITY ST ZIP OMAHA NE 68114	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME (See attached for Directors)	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Matthew R. McKain, Sec 4/25/95 402.383.8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

BOARD OF DIRECTORS
(Attachment)

Terry Shipp
222 West Adams Street
Chicago, IL 60606

Marc Walfish
222 West Adams Street
Chicago, IL 60606

Ben Wiesman
9722 Mockingbird Drive
Omaha, NE 68127

John R. Klug
12600 West Cedar Drive
Denver, CO 80228