

2002 UNIFORM BUSINESS REPORT (UBR)

0026614 AV

DOCUMENT # **P93000060736**

1. Entity Name

~~INTUTION HOLDINGS, INC.~~ **Nelnet Marketing Solutions, Inc.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 19 PM 4:10

Principal Place of Business

**6420 SOUTHPPOINT PARKWAY
JACKSONVILLE FL 32216**

Mailing Address

**6420 SOUTHPPOINT PARKWAY
JACKSONVILLE FL 32216**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3210387**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, DAVID G

**6420 SOUTHPPOINT PARKWAY
JACKSONVILLE FL 32216**

Name

Edward P. Martinez c/o Human Resources

Street Address (P.O. Box Number is Not Acceptable)

6420 Southpoint Parkway

City

Jacksonville,

FL

Zip Code

32216

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

Edward P. Martinez

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)

No

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.

No

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **COLLIER, CLAUDE W JR**
STREET ADDRESS **6420 SOUTHPPOINT PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **Director - D** ☒ Change ☐ Addition
NAME **Terry Heimes**
STREET ADDRESS **121 South 13th Street, #301**
CITY-ST-ZIP **Lincoln, NE 68508**

TITLE **O** ☒ Delete
NAME **HENRY, BARRY K**
STREET ADDRESS **6420 SOUTH PORT PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **Officer** ☒ Change ☐ Addition
NAME **Michael S. Dunlap**
STREET ADDRESS **6801 South 27th Street**
CITY-ST-ZIP **Lincoln, NE 68512**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Officer** ☒ Change ☐ Addition
NAME **Edward P. Martinez**
STREET ADDRESS **6420 Southpoint Parkway**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Edward P. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)