

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V01547 1. Entity Name INTUITION, INC.	
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Principal Place of Business
121 S. 13TH ST
SUITE 201
LINCOLN, NE 68508 US

Mailing Address
121 S. 13TH ST
SUITE 201
LINCOLN, NE 68508 US

DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3103163	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEIMES, TERRY 121 S 13TH ST., STE. 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNLAP, MICHAEL S 121 S. 13TH STREET STE 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, EDWARD P 3015 S. PARKER RD., STE 400 AURORA, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERFIELD, STEPHEN 6791 E. CAMELBACK RD., STE B290 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRUGER, JAMES 121 S. 13TH ST., STE 201 LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNN, WILLIAM 3015 S. PARKER RD., STE. 900 AURORA, CO 80014

U00000454569
03/15/06-80020-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

2-15-2006 402-458-2303
Date Daytime Phone #