

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001126

Entity Name: WEST NOTIFICATIONS, INC.**Current Principal Place of Business:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154**Current Mailing Address:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154**FEI Number:** 63-1078197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BERGER, NANCEE R
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

Title	S
Name	MUSSMAN, DAVID C
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

Title	CFOT
Name	MENDLIK, PAUL M
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

Title	D
Name	STRUBBE, TODD B
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

Title	D
Name	BARKER, THOMAS B
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

Title	P
Name	HANSON, JON R.
Address	11808 MIRACLE HILLS DRIVE
City-State-Zip:	OMAHA NE 68154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL M. MENDLIK**AUTHORIZED PERSON****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date