

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000243

Entity Name: PS TECHNOLOGY, INC.**Current Principal Place of Business:**1400 DOUGLAS STREET
STOP 1580
OMAHA, NE 68179**Current Mailing Address:**1400 DOUGLAS STREET
STOP 1610
OMAHA, NE 68179 US**FEI Number:** 84-1082667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 S
Name HINNERS, MAUREEN F
Address 1400 DOUGLAS STREET
City-State-Zip: OMAHA NE 68179

Title C
Name TENNISON, LYNDEN L
Address 1400 DOUGLAS STREET
City-State-Zip: OMAHA NE 68179

Title CEOD
Name HOLMES, RICHARD A
Address 1400 DOUGLAS STREET
City-State-Zip: OMAHA NE 68179

Title PD
Name CHUNDRU, SEENU
Address 248 CENTENNIAL PKWY
SUITE 150
City-State-Zip: LOUISVILLE CO 80027

Title V
Name JENSEN, JON E
Address 1400 DOUGLAS STREET
City-State-Zip: OMAHA NE 68179

Title V
Name THEISEN, JR., JAMES J
Address 1400 DOUGLAS STREET
City-State-Zip: OMAHA NE 68179

Title ASSISTANT TREASURER
Name SCHULTE, PAMELA S
Address 1400 DOUGLAS ST
City-State-Zip: OMAHA NE 68179

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: PAMELA S SCHULTE

ASSISTANT TREASURER 04/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date