

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001222

Entity Name: F.A.C.T.S. MANAGEMENT CO.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

100 NORTH 56TH STREET, STE 306  
LINCOLN, NE 68504

## New Principal Place of Business:

100 NORTH 56TH STREET  
STE 306  
LINCOLN, NE 68504 US

## Current Mailing Address:

5555 SOUTH STREET  
2ND FLOOR  
LINCOLN, NE 68506

## New Mailing Address:

5555 SOUTH STREET  
2ND FLOOR  
LINCOLN, NE 68506 US

FEI Number: 47-0751402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTICE, WILLIAM J  
1309 EAST WALLACE STREET  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: BYRNES, DAVID  
Address: 100 NORTH 56TH STREET, STE 306  
City-St-Zip: LINCOLN, NE

Title: VSD ( ) Delete  
Name: PHILLIPS, STANLEY  
Address: 100 NORTH 56TH STREET, STE 306  
City-St-Zip: LINCOLN, NE

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BYRNES, DAVID  
Address: 100 NORTH 56TH STREET, STE 306  
City-St-Zip: LINCOLN, NE 68504

Title: VSD (X) Change ( ) Addition  
Name: PHILLIPS, STANLEY  
Address: 100 NORTH 56TH STREET, STE 306  
City-St-Zip: LINCOLN, NE 68504

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID J BYRNES

P

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date