

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000082

1. Entity Name

PRODUCERS AMERICA, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90235 022 \*\*\*150.00

915579



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 | Mailing Address<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>2424 So. 130th Circle<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                           |                |
|---------------------------|----------------|
| City & State<br>Omaha, NE | City & State   |
| Zip<br>68144              | Country<br>USA |

|  |  |
|--|--|
| 4. FEI Number<br>47-0755819  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|

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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COBD<br>GROGAN, GEORGE C<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VACEK, GREGORY J<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVSD<br>MISEK, JOLEEN K<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WIEGER, EDWARD<br>2238 SOUTH 156 CIRCLE<br>OMAHA NE 68130 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 A. Wieger EDWARD A. WIEGER 1/31/01 (402) 334-6312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

## Producers America

## Listing of Officers & Directors

| <u>Office Held</u>        | <u>Name</u>       | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|---------------------------|-------------------|-------------------------------|-------------|--------------|------------|
| CEO/Secretary/Director    | Joleen K. Misek   | 2424 South 130th Circle       | Omaha       | NE           | 68144      |
| President/Director        | Gregory J. Vacek  | 2426 South 130th Circle       | Omaha       | NE           | 68144      |
| Vice President            | Kevin A. Kusleika | 2428 South 130th Circle       | Omaha       | NE           | 68144      |
| Vice President            | Paul W. Seyler    | 2430 South 130th Circle       | Omaha       | NE           | 68144      |
| Vice President/Controller | Ed Wieger         | 2432 South 130th Circle       | Omaha       | NE           | 68144      |

Attachment  
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