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95 MAY 10 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817227 (2)

1. Corporation Name
N.P. DODGE COMPANY

Principal Place of Business: 8701 W DODGE ROAD, OMAHA NE 68114

Mailing Address: 8701 W DODGE ROAD, OMAHA NE 68114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	07/23/1963	06/13/1994
22	City & State	27	City & State	4. FBI Number	Applied For
23	Zip	28	Country	47-0144420	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRY, P.G.	1.2 NAME	Dodge, K.C.
STREET ADDRESS	8701 W DODGE RD	1.3 STREET ADDRESS	8701 W. Dodge Rd
CITY- ST- ZIP	OMAHA, NE 68114	1.4 CITY- ST- ZIP	Omaha, NE 68114
TITLE	VD	2.1 TITLE	T.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUELSKAMP, R.L.	2.2 NAME	Jill S. Sharp
STREET ADDRESS	8701 W DODGE RD	2.3 STREET ADDRESS	8701 W Dodge Rd
CITY- ST- ZIP	OMAHA, NE 68114	2.4 CITY- ST- ZIP	Omaha NE 68114
TITLE	COB	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODGE, N.P.	3.2 NAME	Morrison, W. L. Jr.
STREET ADDRESS	8701 W DODGE RD	3.3 STREET ADDRESS	8701 W. Dodge Rd
CITY- ST- ZIP	OMAHA, NE 68114	3.4 CITY- ST- ZIP	Omaha NE 68114
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, R.D.	4.2 NAME	
STREET ADDRESS	8701 W DODGE RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	OMAHA, NE 68114	4.4 CITY- ST- ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, N.P., JR.	5.2 NAME	
STREET ADDRESS	8701 W DODGE RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	OMAHA, NE 68114	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jill S. Sharp Secretary/Treasurer 5/2/95 (402) 397-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR