

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
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**

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields with sub-sections for State, Apt. #, etc., City & State, and Zip/Country.

3. Date Incorporated or Qualified: **07/23/1963**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **47-0144420**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0608, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	VD	<input type="checkbox"/> DELETE
12.2 NAME	CURRY, P.G.	
12.3 STREET ADDRESS	8701 W DODGE RD	
12.4 CITY-STATE-ZIP	OMAHA NE 68114	
12.5 TITLE	VD	<input type="checkbox"/> DELETE
12.6 NAME	DODGE, K.C.	
12.7 STREET ADDRESS	8701 W DODGE RD	
12.8 CITY-STATE-ZIP	OMAHA NE 68114	
12.9 TITLE	COB	<input type="checkbox"/> DELETE
12.10 NAME	DODGE, N.P.	
12.11 STREET ADDRESS	8701 W DODGE RD	
12.12 CITY-STATE-ZIP	OMAHA NE 68114	
12.13 TITLE	VD	<input type="checkbox"/> DELETE
12.14 NAME	COOPER, R.D.	
12.15 STREET ADDRESS	8701 W DODGE RD	
12.16 CITY-STATE-ZIP	OMAHA NE 68114	
12.17 TITLE	PD	<input type="checkbox"/> DELETE
12.18 NAME	DODGE, N.P., JR.	
12.19 STREET ADDRESS	8701 W DODGE RD	
12.20 CITY-STATE-ZIP	OMAHA NE 68114	
12.21 TITLE	TS	<input type="checkbox"/> DELETE
12.22 NAME	SHARP, JILL S.	
12.23 STREET ADDRESS	8701 W DODGE RD	
12.24 CITY-STATE-ZIP	OMAHA NE 68114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	MORRISON, W.L. Jr.	
13.3 STREET ADDRESS	8701 W DODGE RD	
13.4 CITY-STATE-ZIP	OMAHA NE 68114	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		
13.17 TITLE	TIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	CAMENZIND, JILL S.	
13.19 STREET ADDRESS	8701 W DODGE RD	
13.20 CITY-STATE-ZIP	OMAHA NE 68114	

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 trustee 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 Camenzind* Sec/Treas 2/20/96 (402)397-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)