

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 817227 (2)**  
 1. Corporation Name  
**N.P. DODGE COMPANY**



Principal Place of Business <b>8701 W DODGE ROAD OMAHA NE 68114</b>	Mailing Address <b>8701 W DODGE ROAD OMAHA NE 68114-3407</b>
--	---

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>07/23/1963</b>	<b>3a.</b> Date of Last Report <b>02/28/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>47-0144420</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>7.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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

**11.** Pursuant to the provisions of Sections 607.0402 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CURRY, P.G.	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DODGE, K.C.	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	DODGE, N.P.	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOPER, R.D.	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DODGE, N.P., JR.	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	CAMENZIND, JILL S	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	Dodge III, N.P.
<b>1.4</b> CITY-ST-ZIP	8701 W Dodge Rd Omaha NE 68114
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 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 Camenzind* 7/13/97 (402)398-5263

CR2E034 (9/96)