


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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1963	
21	26	4. FEI Number 47-0144420		Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, N P III	1.2 NAME	
STREET ADDRESS	8701 W DODGE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, K.C.	2.2 NAME	
STREET ADDRESS	8701 W DODGE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68114	2.4 CITY - ST - ZIP	
TITLE	COB <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, N.P.	3.2 NAME	
STREET ADDRESS	8701 W DODGE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68114	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	TS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMENZIND, JILL S	6.2 NAME	DELPERDANG, L.A.
STREET ADDRESS	8701 W DODGE RD	6.3 STREET ADDRESS	8701 W. DODGE ROAD
CITY - ST - ZIP	OMAHA NE	6.4 CITY - ST - ZIP	OMAHA, NE

14. 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 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: *S. A. Delperdang* **REQUIRED** January 26, 1998 402-397-4900

CR2E034 (10/97)