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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90065 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 817227**

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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/23/1963</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>47-0144420</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DODGE, N P III	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE	
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 checked="" 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	DELPERDANG, LA	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE: L.A. Delperdang L.A. Delperdang 1/7/99 (402) 397-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)