

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817227

FILED
Apr 29, 2005
Secretary of State

Entity Name: N.P. DODGE COMPANY

Current Principal Place of Business:

8701 W DODGE ROAD
SUITE 300
OMAHA, NE 68114

New Principal Place of Business:

Current Mailing Address:

8701 W DODGE ROAD
SUITE 300
OMAHA, NE 68114

New Mailing Address:

FEI Number: 47-0144420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DODGE, N P III
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

Title: VD () Delete
Name: DODGE, K C
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

Title: VD () Delete
Name: RIEDMANN, MICHAEL L
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

Title: VD () Delete
Name: COOPER, R D
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

Title: CPD () Delete
Name: DODGE, N P JR
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

Title: TSD () Delete
Name: DELPERDANG, LESLIE A
Address: 8701 W DODGE RD
City-St-Zip: OMAHA, NE 68114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE A DELPERDANG

TS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date