

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91421 041 ***150.00

0652648 AT

DOCUMENT # 817227

1. Entity 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **47-0144420** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DODGE, N P III	
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	VD	<input type="checkbox"/> Delete
NAME	RIEDMANN, MICHAEL L	
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	CPD	<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	DELPEDANG, LA	
STREET ADDRESS	8701 W DODGE RD	
CITY-ST-ZIP	OMAHA NE 68114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Leslie A. Delperdang* **Leslie A. Delperdang** 4/25/03 (402) 397-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)