

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

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**Jun 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortbam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000000978 (4)**  
1. Corporation Name  
**RDG SCHUTTE WILSCAM BIRGE, INC.**



Principal Place of Business: **8805 INDIAN HILLS DR., #100 OMAHA NE 68114**  
Mailing Address: **8805 INDIAN HILLS DR., #100 OMAHA NE 68114-6010**

3. Date Incorporated or Qualified: **02/26/1996**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **47-0479577**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

8. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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 **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		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>BIRGE, JOHN R</b>	
STREET ADDRESS	<b>8805 INDIAN HILLS DR., #100</b>	
CITY-ST-ZIP	<b>OMAHA NE 68114</b>	
TITLE	<b>X Secretary</b>	<input type="checkbox"/>
NAME	<b>SCHUTTE, ROGER L</b>	
STREET ADDRESS	<b>8805 INDIAN HILLS DR., #100</b>	
CITY-ST-ZIP	<b>OMAHA NE 68114</b>	
TITLE	<b>X Director</b>	<input type="checkbox"/>
NAME	<b>WILSCAM, CHARLES A JR</b>	
STREET ADDRESS	<b>8805 INDIAN HILLS DR., #100</b>	
CITY-ST-ZIP	<b>OMAHA NE 68114</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Sova, John</b>		
1.3 STREET ADDRESS	<b>8805 Indian Hills Dr, # 100</b>		
1.4 CITY-ST-ZIP	<b>Omaha, NE 68114</b>		
2.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Lang, Joseph</b>		
2.3 STREET ADDRESS	<b>8805 Indian Hills Dr, # 100</b>		
2.4 CITY-ST-ZIP	<b>Omaha, NE 68114</b>		
3.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Johnson, Terry</b>		
3.3 STREET ADDRESS	<b>8805 Indian Hills Dr, # 100</b>		
3.4 CITY-ST-ZIP	<b>Omaha, NE 68114</b>		
4.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Churchill, Gary</b>		
4.3 STREET ADDRESS	<b>8805 Indian Hills Dr, # 100</b>		
4.4 CITY-ST-ZIP	<b>Omaha, NE 68114</b>		
5.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Wisner, Dennis</b>		
5.3 STREET ADDRESS	<b>8805 Indian Hills Dr, # 100</b>		
5.4 CITY-ST-ZIP	<b>Omaha, NE 68114</b>		
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	<b>1165 BANK</b>		
6.4 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)