


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

FILED
Apr 01 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 # F96000000978 (4)
 1. Corporation Name
RDG SCHUTTE WILSCAM BIRGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	Mailing Address 8805 INDIAN HILLS DR., #100 OMAHA NE 68114
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3. Date Incorporated or Qualified 02/26/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 47-0479577	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BIRGE, JOHN R	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUTTE, ROGER L	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSCAM, CHARLES A JR	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOVA, JOHN	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, JOSEPH	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, TERRY	
STREET ADDRESS	8805 INDIAN HILLS DR., #100	
CITY-ST-ZIP	OMAHA NE 68114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director Gary Churchill
1.3 STREET ADDRESS	8805 Indian Hills Dr.
1.4 CITY-ST-ZIP	Omaha, NE 68114
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director Dennis Wismer
2.3 STREET ADDRESS	8805 Indian Hills Dr.
2.4 CITY-ST-ZIP	Omaha, NE 68114
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Richard A. Johnson*

March 25, 1998 (402) 392-0133

CF2E034 (10/97)