

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

0198382 AB

DOCUMENT # F96000000978

1. Entity Name
RDG SCHUTTE WILSCAM BIRGE, INC.

09-18-2001 90013 018 ***550.00

Principal Place of Business Mailing Address
~~8805 INDIAN HILLS DR., #100~~ **900 Farnam St., #100** ~~8805 INDIAN HILLS DR., #100~~ **900 Farnam St., #100**
OMAHA NE 68114 #100 OMAHA NE 68114 #100
68102 68102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **900 Farnam St.**
 Suite, Apt. #, etc. **#100**
 City & State **Omaha, NE**
 Zip **68102** Country **USA**

3. Mailing Address **900 Farnam St.**
 Suite, Apt. #, etc. **#100**
 City & State **Omaha, NE**
 Zip **68102** Country **USA**

4. FEI Number **47-0489577** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRGE, JOHN R 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUTTE, ROGER L 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSCAM, CHARLES A JR 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOVA, JOHN 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JOSEPH 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TERRY 8805 INDIAN HILLS DR., #100 OMAHA NE 68114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date **9/11/01** Daytime Phone # **402-392-0133**

CR2E034 (5/01)