

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000978

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** RDG SCHUTTE WILSCAM BIRGE, INC.

**Current Principal Place of Business:**

900 FARNAM ST.  
# 100  
OMAHA, NE 68102

**New Principal Place of Business:**

**Current Mailing Address:**

900 FARNAM ST.  
# 100  
OMAHA, NE 68102

**New Mailing Address:**

**FEI Number:** 47-0489577      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIRGE, JOHN R  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

Title: D  
Name: SHUKERT, MARTIN H  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

Title: D  
Name: WISMER, DENNIS  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

Title: S  
Name: SOVA, JOHN  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

Title: D  
Name: LANG, JOSEPH  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

Title: D  
Name: JOHNSON, TERRY  
Address: 900 FARNAM ST. #100  
City-St-Zip: OMAHA, NE 68102

I hereby 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 all other like empowered.

SIGNATURE: JOHN R. BIRGE

PRES

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date