

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000978

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

**Current Principal Place of Business:**

900 FARNAM STREET #100  
OMAHA, NE 68102

**Current Mailing Address:**

900 FARNAM STREET #100  
OMAHA, NE 68102 US

**FEI Number:** 47-0489577

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIRGE, JOHN R  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            SHUKERT, MARTIN H  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            WISMER, DENNIS  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            SECRETARY  
Name            SOVA, JOHN  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            LANG, JOSEPH  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            JOHNSON, TERRY  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            STREEBIN, DAVID  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

Title            DIRECTOR  
Name            KRUPA, ROBERT  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102

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*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

**PRESIDENT**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PFEIFER, SCOTT  
Address        900 FARNAM STREET #100  
City-State-Zip: OMAHA NE 68102