

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000978

Entity Name: RDG SCHUTTE WILSCAM BIRGE, INC.

FILED
Apr 17, 2017
Secretary of State
CC9628377588

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 DIRECTOR
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 PRESIDENT
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 TREASURER
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

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

Title DIRECTOR
Name HAASE, AMY
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 SOVA

PRESIDENT

04/17/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILBRATH, RANDY L
Address 900 FARNAM STREET #100
City-State-Zip: OMAHA NE 68102