2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9600000978

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

Name and Address of Current Registered Agent:

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

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	BIRGE, JOHN R	Name	SHUKERT, MARTIN H
Address	900 FARNAM STREET #100	Address	900 FARNAM STREET #100
City-State-Zip:	OMAHA NE 68102	City-State-Zip:	OMAHA NE 68102
Title	PRESIDENT	Title	DIRECTOR
Name	SOVA, JOHN	Name	LANG, JOSEPH
Address	900 FARNAM STREET #100	Address	900 FARNAM STREET #100
City-State-Zip:	OMAHA NE 68102	City-State-Zip:	OMAHA NE 68102
Title	TREASURER	Title	DIRECTOR
Title Name	TREASURER STREEBIN, DAVID	Title Name	DIRECTOR KRUPA, ROBERT
Name	STREEBIN, DAVID	Name	KRUPA, ROBERT
Name Address City-State-Zip:	STREEBIN, DAVID 900 FARNAM STREET #100 OMAHA NE 68102	Name Address City-State-Zip:	KRUPA, ROBERT 900 FARNAM STREET #100 OMAHA NE 68102
Name Address	STREEBIN, DAVID 900 FARNAM STREET #100	Name Address	KRUPA, ROBERT 900 FARNAM STREET #100
Name Address City-State-Zip:	STREEBIN, DAVID 900 FARNAM STREET #100 OMAHA NE 68102	Name Address City-State-Zip:	KRUPA, ROBERT 900 FARNAM STREET #100 OMAHA NE 68102
Name Address City-State-Zip: Title	STREEBIN, DAVID 900 FARNAM STREET #100 OMAHA NE 68102 SECRETARY	Name Address City-State-Zip: Title	KRUPA, ROBERT 900 FARNAM STREET #100 OMAHA NE 68102 DIRECTOR
Name Address City-State-Zip: Title Name	STREEBIN, DAVID 900 FARNAM STREET #100 OMAHA NE 68102 SECRETARY PFEIFER, SCOTT	Name Address City-State-Zip: Title Name	KRUPA, ROBERT 900 FARNAM STREET #100 OMAHA NE 68102 DIRECTOR HAASE, AMY 900 FARNAM STREET #100

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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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 16, 2018 Secretary of State CC5063324002

Date

Officer/Director Detail Continued :

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