

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 857653

1. Corporation Name

SEABOARD UNDERWRITERS, INC.

Redland Transportaion, Inc.

(0) . . .

N/C 3/27/97

Principal Place of Business  
3060 South Church Street

~~2732 NINE ELIZABETH DRIVE~~

P.O. BOX 658

BURLINGTON NC 27215

Mailing Address

~~2732 NINE ELIZABETH DRIVE~~

~~P.O. BOX 658~~

~~BURLINGTON NC 27215-0658~~

Omaha, Nebraska 68102-1628

c/o Corporate Taxes

222 South 15th Street, Suite 600 North



|                                |                              |   |   |
|--------------------------------|------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address          | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21 3060 South Church Street    | 26 c/o Corporate Taxes       | 09/07/1983  | 06/12/1996  |
| Suite, Apt. #, etc:            | Suite, Apt. #, etc:          | 4. FEI Number   | Applied For   |
| 22 3rd Floor                   | 27 222 South 15th Street,    | 56-1377777  | Not Applicable  |
| City & State                   | City & State Suite 600 North | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 23                             | 28 Omaha, Nebraska           | <input type="checkbox"/>  | \$5.00 May Be Added to Fees   |
| Zip                            | Zip                          | 6. Election Campaign Financing  | Trust Fund Contribution   |
| 24                             | 25 Country                   | 29 68102-1628   | 30 Country  |
|                                |                              | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                              |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                 |
| V<br>CONRAD R. JURGENS<br>3584 WINDDALE LANE<br>MEBANE NC  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                 |
| S<br>KNOLLA, PETER A.<br>9935 BROADMOOR ROAD<br>OMAHA NE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                 |
| T<br>MACE, GEORGIA M.<br>706 E MAPLE<br>MISSOURI VALLEY IA | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                 |
| AV<br>COX, KATHY M<br>2183 WALKER AVENUE<br>BURLINGTON NC  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                 |
| CEO<br>COON, KENNETH C.<br>33334 PINE STREET<br>OMAHA NE   | CEO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                 |
| <input type="checkbox"/> DELETE                            | 600002131736<br>-04/02/97--01109--007<br>***165.00                                 |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace

3-24-97

(402)344-8800

0010080

CR2E034 (9/96)