


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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857653 (0)  
1. Corporation Name  
REDLAND TRANSPORTATION, INC.



Principal Place of Business 3080 SOUTH CHURCH STREET 3RD FLOOR BURLINGTON NC 27215	Mailing Address C/O CORPORATE TAXES 222 S. 15TH ST. SUITE 600 NORTH OMAHA NE 68102-1628
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 940 Golf House Road Suite, Apt. #, etc. 22 Suite C City & State 23 Stoney Creek, NC Zip 24 27377		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 09/07/1983	
		4. FEI Number 56-137777		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	C/P/CEO/D
NAME	CONRAD R. JURGENS	1.2 NAME	Kenneth Coon
STREET ADDRESS	3584 WINDDALE LANE	1.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
CITY-ST-ZIP	MEBANE NC	1.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628
TITLE	SD	2.1 TITLE	V
NAME	KNOLLA, PETER A.	2.2 NAME	H. Allen Rierson
STREET ADDRESS	9935 BROADMOOR ROAD	2.3 STREET ADDRESS	940 Golf House Road, Suite C
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	Stoney Creek, NC 27377
TITLE	TD	3.1 TITLE	S/D
NAME	MACE, GEORGIA M.	3.2 NAME	Peter Knolla
STREET ADDRESS	708 E MAPLE	3.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
CITY-ST-ZIP	MISSOURI VALLEY IA	3.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628
TITLE	CEO	4.1 TITLE	T/D
NAME	COON, KENNETH C.	4.2 NAME	Georgia Mace
STREET ADDRESS	33334 PINE STREET	4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Donn Davis
STREET ADDRESS		5.3 STREET ADDRESS	143 South 13th Street, Suite 400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lincoln, Nebraska 68508
TITLE		6.1 TITLE	D
NAME		6.2 NAME	William Gerber
STREET ADDRESS		6.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Omaha, Nebraska 68102 1628

14. I 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 \_\_\_\_\_ Georgia Mace 4/15/98 (402) 344-8800

CP2E034 (10/97)