

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90052 011 \*\*\*150.00

**DOCUMENT # F00000001404**

1. Entity Name  
**PIROD INC.**



Principal Place of Business

**HWY 25  
P.O. BOX 358  
VALLEY, NE 68064**

Mailing Address

**HWY 25  
P.O. BOX 358  
VALLEY, NE 68064**

**40002580**



2. Principal Place of Business

**One Valmont Plaza**

3. Mailing Address

**One Valmont Plaza**

Suite, Apt. #, etc.

**5th Floor**

Suite, Apt. #, etc.

**5th Floor**

City & State

**Omaha, NE**

City & State

**Omaha, NE**

Zip

**68154-5215**

Country

**USA**

Zip

**68154-5215**

Country

**USA**

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

**35-1990084**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NOBLE, MYRON C	1545 PIDCO DRIVE	PLYMOUTH, IN 46563	<input type="checkbox"/>
V	HANSON, RONALD G	1545 PIDCO DRIVE	PLYMOUTH, IN 46563	<input type="checkbox"/>
V	ERICHSEN, JOHN R	1545 PIDCO DRIVE	PLYMOUTH, IN 46563	<input checked="" type="checkbox"/>
V	ASHER, HILARY M	1545 PIDCO DRIVE	PLYMOUTH, IN 46563	<input type="checkbox"/>
D	POGGE, P. THOMAS	ONE VALMONT PLAZA	OMAHA, NE 68154	<input type="checkbox"/>
D	MCCLAIN, TERRY J	ONE VALMONT PLAZA	OMAHA, NE 68154	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	William B. Rettig	1545 Pidco DR	Plymouth IN 46563	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	Douglas J. Kochendorfer	1545 Pidco DR	Plymouth, IN 46563	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO + Treasurer	Terry J. McClain	One Valmont Plaza, 5th Fl	Omaha, NE 68154-5215	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	P. Thomas Pogge	One Valmont Plaza, 5th Fl	Omaha, NE 68154-5215	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	Sean P. Gallagher	3575 25th St SE	Salem, OR 97302	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Terry J. McClain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terry J. McClain*

Date

*1-12-05*

*402-963-1129*  
Daytime Phone #