

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001404

Entity Name: PIROD INC.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

ONE VALMONT PLAZA
5TH FLOOR
OMAHA, NE 681545215

New Principal Place of Business:

Current Mailing Address:

ONE VALMONT PLAZA
5TH FLOOR
OMAHA, NE 681545215

New Mailing Address:

FEI Number: 35-1990084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOBLE, MYRON C
Address: 1545 PIDCO DRIVE
City-St-Zip: PLYMOUTH, IN 46563

Title: VP () Delete
Name: KERNER, JOSEPH
Address: 1545 PIDEO DRIVE
City-St-Zip: PLYMOUTH, IN 46563

Title: D () Delete
Name: RETTIG, WILLIAM B
Address: 1545 PIDCO DR
City-St-Zip: PLYMOUTH, IN 46563

Title: T () Delete
Name: MCCLAIN, TERRY J
Address: ONE VALMONT PLAZA
City-St-Zip: OMAHA, NE 68154

Title: S () Delete
Name: MEANEY, ROBERT E
Address: ONE VELMONT PLAZA, 5TH FLOOR
City-St-Zip: OMAHA, NE 68154

Title: D () Delete
Name: MCCLAIN, TERRY J
Address: ONE VALMONT PLAZA
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEIDEN, WILLIAM
Address: 1545 PIDCO DR
City-St-Zip: PLYMOUTH, IN 46563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRY J MCCLAIN

DIR

02/27/2008

Electronic Signature of Signing Officer or Director

_____ Date