

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # F99000001677

**1. Entity Name
RITCHIE BROS. PROPERTIES INC.**



**Principal Place of Business
3901 FAULKER DR
LINCOLN, NE 68506-0429**

**Mailing Address
3901 FAULKER DR
LINCOLN, NE 68506-0429**



08012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
91-1830902**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

**9. Election Campaign Financing
Trust Fund Contribution ☐**

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

**U000000574621
08/17/06-80006-004 550.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME WHITSIT, ROBERT K
STREET ADDRESS 3901 FAULKER DRIVE
CITY-ST-ZIP LINCOLN, NE 685160429**

**TITLE S
NAME NICHOLSON, DAVID D
STREET ADDRESS 3901 FAULKER DRIVE
CITY-ST-ZIP LINCOLN, NE 685160429**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert K. Whitsit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 8/06
Date

402-421-3631
Daytime Phone #