2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P36992

Entity Name: THE SCOULAR COMPANY

Current Principal Place of Business:

2027 DODGE STREET
SUITE 300
OMAHA, NE 68102 US

New Principal Place of Business:

2027 DODGE STREET
OMAHA, NE 68102 US

Current Mailing Address:

2027 DODGE STREET
SUITE 300
OMAHA, NE 68102 US

New Mailing Address:

2027 DODGE STREET
OMAHA, NE 68102 US

FEI Number: 47-0599176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: C ( ) Delete
Name: FAITH, MARSHALL E.,
Address: 2027 DODGE STREET
City-St-Zip: OMAHA, NE 68102

Title: SVAS ( ) Delete
Name: HECK, JOHN M
Address: 2027 DODGE STREET
City-St-Zip: OMAHA, NE 68102

Title: SVDT ( ) Delete
Name: FAITH, DAVID M.,
Address: 2027 DODGE ST
City-St-Zip: OMAHA, NE 68102

Title: VTAS ( ) Delete
Name: BARBER, ROGER L
Address: 2027 DODGE ST.
City-St-Zip: OMAHA, NE 68102

Title: SVS ( ) Delete
Name: MACLIN, JOAN C
Address: 250 MARQUETTE AVE, ATE 1050
City-St-Zip: MINNEAPOLIS, MN 55401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROGER L. BARBER VTAS 04/23/2008

Electronic Signature of Signing Officer or Director — Date