

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 APR 27 AM 11:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morzani  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 825449 (2)**  
1. Corporation Name  
**HENNINGSON, DURHAM, & RICHARDSON, INC.**

Principal Place of Business      Mailing Address  
**8404 INDIAN HILLS DRIVE  
OMAHA NE 68114**      **8404 INDIAN HILLS DR.  
OMAHA NE 68114-4049  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/04/1970**      **04/26/1994**

4. FEI Number      Applied For  
**47-0353452**      Not Applicable

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

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      B5 Zip Code

**FL**

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 reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JELENSPERGER, FRANCIS	1.2 NAME	
STREET ADDRESS	2621 SOUTH 102ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	68124
TITLE	DVP	2.1 TITLE	D/COO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACHMAN, MERLE S.	2.2 NAME	
STREET ADDRESS	3940 BOSQUE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	75074
TITLE	PD	3.1 TITLE	PE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWTHORNE, LAWRENCE N.	3.2 NAME	(President Emerities)
STREET ADDRESS	9710 WOODRIDGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	68124
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGPETH, JAMES A.	4.2 NAME	Robert J. Jerabek
STREET ADDRESS	2411 SOUTH 102ND ST.	4.3 STREET ADDRESS	1606 S. 114th St
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha NE 68144
TITLE	VP	5.1 TITLE	D/EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERABEK, ROBERT J.	5.2 NAME	Patrick B. McDermott
STREET ADDRESS	1606 S. 114TH ST.	5.3 STREET ADDRESS	16705 Pine St
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	Omaha NE 68130
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACHMAN, LOUIS J.	6.2 NAME	
STREET ADDRESS	5008 CHICAGO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	68132

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R. J. Jerabek      R. J. Jerabek, Treasurer      4/21/95      (402) 399-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (System Form #)