


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90305 028 ***158.75

DOCUMENT # 825449

1. Entity Name
HDR ARCHITECTURE, INC.



Principal Place of Business
**8404 INDIAN HILLS DRIVE
OMAHA NE 68114**

Mailing Address
**8404 INDIAN HILLS DR.
OMAHA NE 68114-4049
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, RICHARD R.	
STREET ADDRESS	12941 LAFAYETTE AVE	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	BACHMAN, MERLE S.	
STREET ADDRESS	9001 PACIFIC ST	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	PE	<input type="checkbox"/> Delete
NAME	CAVIGLI, ROBERT D	
STREET ADDRESS	12571 CORBETTA LN	
CITY-ST-ZIP	LOS ALTOS HILLS CA 94022	
TITLE	T	<input type="checkbox"/> Delete
NAME	WENDY L LACEY	
STREET ADDRESS	6804 N. 106TH CIRCLE	
CITY-ST-ZIP	OMAHA NE 68122	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	FINE, JAMES F	
STREET ADDRESS	627 N 162ND ST	
CITY-ST-ZIP	OMAHA NE 68118	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACHMAN, LOUIS J.	
STREET ADDRESS	5008 CHICAGO STREET	
CITY-ST-ZIP	OMAHA NE	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Wendy L. Lacey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Wendy L. Lacey** **4/17/2003** **(402) 399-1000**
Treasurer Date Daytime Phone #

CR2E034 (10/02)