


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90103 015 ***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

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

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, 2005 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 NAME: BELL, RICHARD R. STREET ADDRESS: 12941 LAFAYETTE AVE CITY-ST-ZIP: OMAHA NE 68154	<input type="checkbox"/> Delete
TITLE: DP NAME: BACHMAN, MERLE S. STREET ADDRESS: 717 NORTH 89TH PLAZA CITY-ST-ZIP: OMAHA NE 68114	<input type="checkbox"/> Delete
TITLE: DSVP NAME: FRANZ, JAMES D STREET ADDRESS: 9113 OAK HOLLOW CT CITY-ST-ZIP: GRANITE BAY CA 95746	<input type="checkbox"/> Delete
TITLE: T NAME: WENDY L LACEY STREET ADDRESS: 6804 N. 106TH CIRCLE CITY-ST-ZIP: OMAHA NE 68122	<input type="checkbox"/> Delete
TITLE: DSVP NAME: FINE, JAMES F STREET ADDRESS: 627 N 162ND ST CITY-ST-ZIP: OMAHA NE 68118	<input type="checkbox"/> Delete
TITLE: S NAME: PACHMAN, LOUIS J. STREET ADDRESS: 5008 CHICAGO STREET CITY-ST-ZIP: OMAHA NE 68132	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DEVP NAME: Pine, James F. STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Wendy L. Lacey, 4/20/05 402-399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #