


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90261 041 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

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**

04172007 Chg-P CR2E034 (12/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME BELL, RICHARD R. STREET ADDRESS 12941 LAFAYETTE AVE CITY-ST-ZIP OMAHA, NE 68154	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Richard R. Bell STREET ADDRESS 9960 Bloomfield Drive CITY-ST-ZIP Omaha, NE 68114
TITLE DP	<input type="checkbox"/> Delete NAME BACHMAN, MERLE S. STREET ADDRESS 717 NORTH 89TH PLAZA CITY-ST-ZIP OMAHA, NE 68114	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DSVP	<input type="checkbox"/> Delete NAME FRANZ, JAMES D STREET ADDRESS 9113 OAK HOLLOW CT CITY-ST-ZIP GRANITE BAY, CA 95746	TITLE Director/Sr Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME James D. Franz STREET ADDRESS 211 Burl Street CITY-ST-ZIP Newberg, OR 97132
TITLE T	<input type="checkbox"/> Delete NAME WENDY L LACEY STREET ADDRESS 6804 N. 106TH CIRCLE CITY-ST-ZIP OMAHA, NE 68122	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DEVP	<input type="checkbox"/> Delete NAME PINE, JAMES F STREET ADDRESS 627 N 162ND ST CITY-ST-ZIP OMAHA, NE 68118	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete NAME PACHMAN, LOUIS J. STREET ADDRESS 5008 CHICAGO STREET CITY-ST-ZIP OMAHA, NE 68132	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wendy L. Lacey **Treasurer** **4/17/2007** **402-399-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wendy L. Lacey