

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825449

FILED
Apr 18, 2009
Secretary of State

Entity Name: HDR ARCHITECTURE, INC.

Current Principal Place of Business:

5426 BAY CENTER DRIVE
SUITE 400
TAMPA, FL 336093444

New Principal Place of Business:

Current Mailing Address:

8404 INDIAN HILLS DR.
OMAHA, NE 681144049 US

New Mailing Address:

FEI Number: 47-0353452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: D () Delete
Name: BELL, RICHARD R.
Address: 9960 BLOOMFIELD DRIVE
City-St-Zip: OMAHA, NE 68114

Title: DP () Delete
Name: BACHMAN, MERLE S.
Address: 717 NORTH 89TH PLAZA
City-St-Zip: OMAHA, NE 68114

Title: DSVP () Delete
Name: WILLIAM, BRINKMAN
Address: 651 HILARY DRIVE
City-St-Zip: BELVEDERE TIBURON, CA 94920

Title: T () Delete
Name: WENDY L LACEY
Address: 6804 N. 106TH CIRCLE
City-St-Zip: OMAHA, NE 68122

Title: DSVP () Delete
Name: MORAN, MICHAEL J
Address: 17250 KNOLL TRAIL APT 601
City-St-Zip: DALLAS, TX 75248

Title: S () Delete
Name: PACHMAN, LOUIS J.
Address: 5008 CHICAGO STREET
City-St-Zip: OMAHA, NE 68132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DSVP (X) Change () Addition
Name: WILLIAM, BRINKMAN
Address: 651 HILARY DRIVE
City-St-Zip: TIBURON, CA 94920

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: WENDY L LACEY

T

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date