

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825449** (2)

1. Corporation Name

**HENNINGSON, DURHAM, & RICHARDSON, INC.**



Principal Place of Business

8404 INDIAN HILLS DRIVE  
OMAHA NE 68114

Mailing Address

8404 INDIAN HILLS DR.  
OMAHA NE 68114-4049  
US

3. Date Incorporated or Qualified  
**12/04/1970**

3a. Date of Last Report  
**04/27/1995**

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

4. FEI Number  
**47-0353452**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent or director/agent

2001 Registered Agent signature required when changing

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JELENSPERGER, FRANCIS	
STREET ADDRESS	2621 SOUTH 102ND ST	
CITY-STATE-ZIP	OMAHA NE	
TITLE	DCOO	<input type="checkbox"/> DELETE
NAME	BACHMAN, MERLE S.	
STREET ADDRESS	3940 BOSQUE DRIVE	
CITY-STATE-ZIP	PLANO TX	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, LAWRENCE N.	
STREET ADDRESS	9710 WOODRIDGE LANE	
CITY-STATE-ZIP	OMAHA NE	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT, JERABEK J	
STREET ADDRESS	1806 S 114TH ST	
CITY-STATE-ZIP	OMAHA NE	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, PATRICK	
STREET ADDRESS	16705 PINE ST	
CITY-STATE-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PACHMAN, LOUIS J.	
STREET ADDRESS	5008 CHICAGO STREET	
CITY-STATE-ZIP	OMAHA NE	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	503 TimberLake Dr
1.4 CITY-STATE-ZIP	Southlake TX 76092
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Wendy L. Lacey
4.4 CITY-STATE-ZIP	10830 Seward St Omaha NE 68154
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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: \_\_\_\_\_

*Wendy L. Lacey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/5/96

402-399-1000

Date

Daytime Phone #

CR2E034 (12/95)