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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/04/1970	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 47-0353452	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELENSPERGER, FRANCIS	1.2 NAME	
STREET ADDRESS	503 TIMBERLAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX	1.4 CITY-ST-ZIP	
TITLE	DCOO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, MERLE S.	2.2 NAME	
STREET ADDRESS	3940 BOSQUE DRIVE	2.3 STREET ADDRESS	1800 Hondo
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	Plano, TX 75074
TITLE	PE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWTHORNE, LAWRENCE N.	3.2 NAME	
STREET ADDRESS	9710 WOODRIDGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDY L LACEY	4.2 NAME	
STREET ADDRESS	10830 SEWARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	DEVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT, PATRICK	5.2 NAME	
STREET ADDRESS	16705 PINE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHMAN, LOUIS J.	6.2 NAME	
STREET ADDRESS	5008 CHICAGO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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* Wendy L. Lacey 4/09/97 (402) 399-1000

CR2E034 (9/96)