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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 009 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 825449

1. Corporation 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1970

4. FEI Number
47-0853452

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 []

30 []

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BELL, RICHARD R.	1.2 NAME	
STREET ADDRESS	12941 LAFAYETTE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68154	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVP BACHMAN, MERLE S.	2.2 NAME	
STREET ADDRESS	1800 HONDO	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PE 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WENDY L LACEY	4.2 NAME	
STREET ADDRESS	6804 N. 106TH CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68122	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVP MCDERMOTT, PATRICK	5.2 NAME	
STREET ADDRESS	1214 HOWARD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68102	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S 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 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy L. Lacey Wendy L. Lacey 4/20/99 (402) 399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)