

# 2.000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90030 042 \*\*\*158.75

**DOCUMENT # 825449**

1. Entity Name  
**HDR ARCHITECTURE, INC.**

Principal Place of Business	Mailing Address
INDIAN HILLS DRIVE NE 68114	8404 INDIAN HILLS DR. OMAHA NE 68114-4049 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	47-0353452	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, RICHARD R.</b>	
STREET ADDRESS	<b>12941 LAFAYETTE AVE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68154</b>	
TITLE	<b>DEVP</b>	<input type="checkbox"/> Delete
NAME	<b>BACHMAN, MERLE S.</b>	
STREET ADDRESS	<b>1800 HONDO</b>	
CITY-ST-ZIP	<b>PLANO TX</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>HAWTHORNE, LAWRENCE N.</b>	
STREET ADDRESS	<b>9710 WOODRIDGE LANE</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WENDY L LACEY</b>	
STREET ADDRESS	<b>6804 N. 106TH CIRCLE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68122</b>	
TITLE	<b>DEVP</b>	<input type="checkbox"/> Delete
NAME	<b>MCDERMOTT, PATRICK</b>	
STREET ADDRESS	<b>1214 HOWARD STREET</b>	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PACHMAN, LOUIS J.</b>	
STREET ADDRESS	<b>5008 CHICAGO STREET</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy L. Lacey Wendy L. Lacey Date: 4/9/00 (402) 399-1000 Daytime Phone #

CR2E034 (9/99)