

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004421

**Entity Name:** HENNINGSON, DURHAM & RICHARDSON, INC.

**Current Principal Place of Business:**

1917 S. 67TH STREET  
OMAHA, NE 68106

**FILED**  
**Jan 12, 2019**  
**Secretary of State**  
**9541875986CC**

**Current Mailing Address:**

1917 S. 67TH STREET  
OMAHA, NE 68106 US

**FEI Number: 47-0663756**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'REILLY, CHARLES L.  
Address        2121 S 64TH PLAZA  
                  APT. 401  
City-State-Zip: OMAHA NE 68106

Title            SECRETARY  
Name            DEBS, JODY K.  
Address        1142 S. VINE STREET  
City-State-Zip: DENVER CO 80210

Title            TREASURER  
Name            HEANEY, KATHLEEN M P  
Address        7615 NORTH 124TH STREET  
City-State-Zip: OMAHA NE 68142

Title            DIRECTOR  
Name            BELL, RICHARD R.  
Address        9960 BLOOMFIELD DRIVE  
City-State-Zip: OMAHA NE 68114

Title            DIRECTOR  
Name            HESSION, RAYMOND V.  
Address        601-90 GEORGE STREET  
City-State-Zip: OTTAWA ON K1N 0A8

Title            DIRECTOR  
Name            KEEN, ERIC L.  
Address        3867 S. 175TH AVENUE  
City-State-Zip: OMAHA NE 68130

Title            DIRECTOR  
Name            PETERS, MARY E.  
Address        6706 40TH AVE SW  
City-State-Zip: SEATTLE WA 98136

Title            DIRECTOR  
Name            RODEN, LAURIE L.  
Address        217 E. LEISURE LANE  
City-State-Zip: PHOENIX AZ 85086

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*I hereby 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 all other like empowered.*

**SIGNATURE: HEANEY, KATHLEEN M P**

**TREASURER**

**01/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WIGNALL, DOUGLAS S.  
Address        20844 HAWLEY ROAD  
City-State-Zip: GLENWOOD IA 51534

Title           DIRECTOR  
Name           WILSON, JOHN K.  
Address        24811 JONES CIRCLE  
City-State-Zip: WATERLOO NE 68069