# 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

### **Current Mailing Address:**

1917 S. 67TH STREET OMAHA, NE 68106 US

### FEI Number: 47-0663756

### 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

#### **Officer/Director Detail :**

	Olliool/Biloo			
	Title	PRESIDENT	Title	SECRETARY
	Name	O'REILLY, CHARLES L.	Name	DEBS, JODY K.
	Address	2121 S 64TH PLAZA	Address	1142 S. VINE STREET
	City-State-Zip:	APT. 401 OMAHA NE 68106	City-State-Zip:	DENVER CO 80210
	Title Name	TREASURER HEANEY, KATHLEEN M P	Title Name	DIRECTOR BELL, RICHARD R.
	Address	7615 NORTH 124TH STREET	Address	9960 BLOOMFIELD DRIVE
	City-State-Zip:	OMAHA NE 68142	City-State-Zip:	OMAHA NE 68114
	Title	DIRECTOR	Title	DIRECTOR
	Name	HESSION, RAYMOND V.	Name	KEEN, ERIC L.
	Address	601-90 GEORGE STREET	Address	3867 S. 175TH AVENUE
	City-State-Zip:		City-State-Zip:	OMAHA NE 68130
			Title	DIRECTOR
	Title	DIRECTOR	Name	RODEN, LAURIE L.
	Name	PETERS, MARY E.	Address	217 E. LEISURE LANE
	Address	6706 40TH AVE SW	City-State-Zip:	PHOENIX AZ 85086
	City-State-Zip:	SEATTLE WA 98136	· ·	
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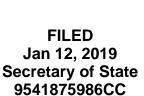
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	WIGNALL, DOUGLAS S.	Name	WILSON, JOHN K.
Address	20844 HAWLEY ROAD	Address	24811 JONES CIRCLE
City-State-Zip:	GLENWOOD IA 51534	City-State-Zip:	WATERLOO NE 68069