

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 27 PM 3:09

DOCUMENT # **P06487** (3)

1. Corporation Name
HDR ENGINEERING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**5100 W. KENNEDY BLVD.
300
TAMPA FL 33609-1806
US** **8404 INDIAN HILLS DRIVE
OMAHA NE 68114-4049
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified **06/20/1985** 3a. Date of Last Report **04/27/1994**

4. FEI Number **47-0680568** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BELL, RICHARD R.**
STREET ADDRESS **12941 LAFAYETTE AVE.**
CITY - ST - ZIP **OMAHA NE**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **68154**

TITLE **VPD**
NAME **BORCHARDT, FRANKLN A.**
STREET ADDRESS **208 WEST WARING**
CITY - ST - ZIP **VALLEY NE**

2.1 TITLE **EVP** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **68064**

TITLE **SVP**
NAME **BLEEKER, GARY L**
STREET ADDRESS **4816 118TH AVE NE**
CITY - ST - ZIP **KIRKLAND WA**

3.1 TITLE **D/SVP** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **98033**

TITLE **S**
NAME **PACHMAN, LOUIS J.**
STREET ADDRESS **5008 CHICAGO STREET**
CITY - ST - ZIP **OMAHA NE**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **68132**

TITLE **T**
NAME **JERABEK, ROBERT**
STREET ADDRESS **1606 S. 114 ST.**
CITY - ST - ZIP **OMAHA NE**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **68144**

TITLE **D**
NAME **JELENSPERGER, FRANCIS**
STREET ADDRESS **205 NORTH 127TH PLAZA**
CITY - ST - ZIP **OMAHA NE**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **2621 S. 102nd St**
6.4 CITY - ST - ZIP **68124**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R. J. Jerabek* **R. J. Jerabek, Treasurer** 4/21/95 (402) 399-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE