

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P06487 (3)

1. Corporation Name  
**HDR ENGINEERING, INC.**



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

3. Date Incorporated or Qualified: 06/20/1985  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 47-0680568  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Country: 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 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Speed or printed name of registered agent and the corporation. If the Registered Agent Signature is required, the Secretary

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	<input type="checkbox"/> DELETE	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVP NAME: BORCHARDT, FRANKLIN A. STREET ADDRESS: 206 WEST WARING VALLEY NE CITY-ST-ZIP:	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D EVP 2.2 NAME: James H. Suttle 2.3 STREET ADDRESS: 3802 N. 95th St 2.4 CITY-ST-ZIP: Omaha NE 68134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DSVP NAME: BLEEKER, GARY L STREET ADDRESS: 4816 118TH AVE NE CITY-ST-ZIP: KIRKLAND WA	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PACHMAN, LOUIS J. STREET ADDRESS: 5008 CHICAGO STREET CITY-ST-ZIP: OMAHA NE	<input type="checkbox"/> DELETE	4.1 TITLE: Asst Treas 4.2 NAME: Wendy L. Lacey 4.3 STREET ADDRESS: 10830 Seward St 4.4 CITY-ST-ZIP: Omaha NE 68114-4049	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: JERABEK, ROBERT STREET ADDRESS: 1606 S. 114 ST. CITY-ST-ZIP: OMAHA NE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Treasurer 5.2 NAME: Jean-Francois Mouttet 5.3 STREET ADDRESS: 4105 Rive Lane 5.4 CITY-ST-ZIP: Addison TX 75244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JELENSPERGER, FRANCIS STREET ADDRESS: 2621 S. 102ND ST. CITY-ST-ZIP: OMAHA NE	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 503 Timber Lake Dr 6.4 CITY-ST-ZIP: Southlake TX 76092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wendy L. Lacey Asst Treasurer 4/5/96 402-399-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Time/Phone #

CR2E034 (12/95)