

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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.  
800  
TAMPA FL 33609-1806  
US**

Mailing Address  
**6404 INDIAN HILLS DRIVE  
OMAHA NE 68114-4049  
US**

3. Date Incorporated or Qualified  
**06/20/1985**

3a. Date of Last Report  
**04/16/1996**

4. FLI 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

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) (NONE - Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, RICHARD R.	
STREET ADDRESS	12941 LAFAYETTE AVE.	
CITY-ST-ZIP	OMAHA NE	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	JAMES H SUTTLE	
STREET ADDRESS	3802 N 95TH ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BLEEKER, GARY L	
STREET ADDRESS	4816 118TH AVE NE	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PACHMAN, LOUIS J.	
STREET ADDRESS	5008 CHICAGO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JEAN-FRANCOIS MOUTTET	
STREET ADDRESS	4105 RIVE LANE	
CITY-ST-ZIP	ADDISON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JELENSPERGER, FRANCIS	
STREET ADDRESS	2621 S. 102ND ST.	
CITY-ST-ZIP	OMAHA NE	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wendy L. Lacey
5.3 STREET ADDRESS	10830 Seward St.
5.4 CITY-ST-ZIP	Omaha, NE 68154
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	503 Timberlake Drive
6.4 CITY-ST-ZIP	Southlake, TX 76092

14. I do 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 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* Wendy L. Lacey 4/09/97 (402) 399-1000

C92E034 (9/96)