

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06487 (3)**  
 1. Corporation Name  
**HDR ENGINEERING, INC.**

Principal Place of Business <b>5100 W. KENNEDY BLVD.                  300                  TAMPA FL 33609-1806                  US</b>	Mailing Address <b>8404 INDIAN HILLS DRIVE                  OMAHA NE 68114-4049                  US</b>
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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	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified <b>06/20/1985</b>	Applied For Not Applicable
4. FEI Number <b>47-0680568</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BELL, RICHARD R.</b>	1.2 NAME	
STREET ADDRESS	<b>12941 LAFAYETTE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVP JAMES H SUTTLE</b>	2.2 NAME	
STREET ADDRESS	<b>3802 N 95TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DSVP BLEEKER, GARY L</b>	3.2 NAME	
STREET ADDRESS	<b>4816 118TH AVE NE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KIRKLAND WA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S PACHMAN, LOUIS J.</b>	4.2 NAME	
STREET ADDRESS	<b>5008 CHICAGO STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T LACEY, WNDY L.</b>	5.2 NAME	<b>Wendy L. Lacey</b>
STREET ADDRESS	<b>10830 SEWARD ST</b>	5.3 STREET ADDRESS	<b>6804 N. 106th Circle</b>
CITY-ST-ZIP	<b>OMAHA NE</b>	5.4 CITY-ST-ZIP	<b>Omaha, NE 68122</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D JELENSPERGER, FRANCIS</b>	6.2 NAME	<b>D, EVP</b>
STREET ADDRESS	<b>503 TIMBERLAKE DR</b>	6.3 STREET ADDRESS	<b>James K. Haney</b>
CITY-ST-ZIP	<b>SOUTHLAKE TX</b>	6.4 CITY-ST-ZIP	<b>6001 Travis Woods Cove</b>

14. I 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: \_\_\_\_\_

CF2E034 (10/97)