

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 008 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06487
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 06/20/1985	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Applicable
4. FEI Number 47-0680568	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD R.	1.2 NAME	
STREET ADDRESS	12941 LAFAYETTE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	DEVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H SUTTLE	2.2 NAME	
STREET ADDRESS	3802 N 95TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	DSVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEEKER, GARY L	3.2 NAME	
STREET ADDRESS	4816 118TH AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHMAN, LOUIS J.	4.2 NAME	
STREET ADDRESS	5008 CHICAGO STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, WNDY L.	5.2 NAME	Lacey, Wendy L.
STREET ADDRESS	6804 N. 106TH CIRCLE	5.3 STREET ADDRESS	6804 N. 106th Circle
CITY-ST-ZIP	OMAHA NE 68122	5.4 CITY-ST-ZIP	Omaha, NE 68122
TITLE	DEVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, JAMES K.	6.2 NAME	
STREET ADDRESS	6001 TRAVIS WOODS COVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78734	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Wendy L. Lacey Wendy L. Lacey 4/20/99 (402) 399-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Treasurer

CR2E034 (11/98)