

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32838

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** HDR CONSTRUCTION CONTROL CORPORATION

**Current Principal Place of Business:**

5426 BAY CENTER DRIVE  
#400  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

8404 INDIAN HILLS DR.  
OHAMA, NE 681144049 US

**New Mailing Address:**

**FEI Number:** 47-0741232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DEVP  
Name: FELKER, BRENT R  
Address: 16 LARKSPUR  
City-St-Zip: ALISO VIEJO, CA 85086

Title: S  
Name: PACHMAN, LOUIS J  
Address: 5008 CHICAGO ST  
City-St-Zip: OMAHA, NE 68132

Title: T  
Name: HARTNETT, CHAD M  
Address: 17407 CADY CIRCLE  
City-St-Zip: OMAHA, NE 68116

Title: DSVP  
Name: RODEN, LAURIE L  
Address: 217 E LEISURE LANE  
City-St-Zip: PHOENIX, AZ 85086

Title: DCEO  
Name: KEEN, ERIC  
Address: 3867 S. 175TH AVE  
City-St-Zip: OMAHA, NE 68130

Title: DCOB  
Name: LITTLE, GEORGE A  
Address: 112 S 92ND STREET  
City-St-Zip: OMAHA, NE 68114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TREASURER \_\_\_\_\_

T

04/18/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date