

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 # **P32838 (5)**
1. Corporation Name
HDR CONSTRUCTION CONTROL CORPORATION



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

3. Date Incorporated or Qualified: **02/11/1991** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **47-0741232** Applied For: Not Applicable
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: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1508, 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 date filed

(NOTE: Registered Agent Signature required when filing this)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JAY A.	
STREET ADDRESS	5524 30TH STREET N.W	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PACHMAN, LOUIS J	
STREET ADDRESS	5008 CHICAGO ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TWINING, THOMAS H.	
STREET ADDRESS	2574 REDWOOD WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMACK, RICHARD J.	
STREET ADDRESS	424 BOSPHORUS AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WADSWORTH, WILLIAM H.	
STREET ADDRESS	108 SOUTH LINCOLN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JERABEK, ROBERT J.	
STREET ADDRESS	1806 SOUTH 114TH ST.	
CITY-ST-ZIP	OMAHA NE	

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Wendy L. Lacey	
43 STREET ADDRESS	10830 Seward St	
44 CITY-ST-ZIP	Omaha NE 68154	
51 TITLE	Director/Sr VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Jean-Francois Mouttet	
63 STREET ADDRESS	4105 Rive Lane	
64 CITY-ST-ZIP	Addison TX 75244	

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)