

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

**FILED**  
**Jan 30 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 # P33646 (1)**  
 1. Corporation Name  
**HARDING LAWSON ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**7655 REDWOOD BLVD**                      **7655 REDWOOD BLVD**  
**NOVATO CA 94945**                          **NOVATO CA 94945-1400**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/18/1991**                                  **03/22/1996**

4. FEI Number      Applied For  
**68-0146861**                                  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      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      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      85. Zip Code

**FL**

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

TITLE       DELETE

NAME      **D HARDING, RICHARD S.**

STREET ADDRESS      **7655 REDWOOD BLVD**

CITY - ST - ZIP      **NOVATO CA**

TITLE       DELETE

NAME      **CPD SCHREUDER, DONALD L**

STREET ADDRESS      **98 ROBINHOOD DR.**

CITY - ST - ZIP      **NOVATO CA**

TITLE       DELETE

NAME      **V JOHNSON, VICTOR R., JR.**

STREET ADDRESS      **154 FLYING DUTCHMAN**

CITY - ST - ZIP      **VALLEJO CA**

TITLE       DELETE

NAME      **VSD ENGLAND, PATRICIA**

STREET ADDRESS      **18885 CARRIGER ROAD**

CITY - ST - ZIP      **SONOMA CA**

TITLE       DELETE

NAME      **V LAPPALA, ERIC G.**

STREET ADDRESS      **11 LONG WAY**

CITY - ST - ZIP      **HOPEWELL NJ**

TITLE       DELETE

NAME      **President Riese, Arthur C.**

STREET ADDRESS      **1025 S. Josephine**

CITY - ST - ZIP      **Denver, CO 80209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE      **Director**       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: *Patricia A England*      **PATRICIA A ENGLAND**      1/20/97      415 899-8817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

CR2E034 (9/96)