

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 007 ***150.00

05867/31

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P33646

1. Corporation Name
HARDING LAWSON ASSOCIATES, INC.

Principal Place of Business
**7655 REDWOOD BLVD
 NOVATO CA 94945**

Mailing Address
**7655 REDWOOD BLVD
 NOVATO CA 94945**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1991

4. FEI Number
68-0146861

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 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 **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	D <input type="checkbox"/> DELETE	1.1 TITLE	CVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDING, RICHARD S.	1.2 NAME	Thornton, Gregory A.
STREET ADDRESS	7655 REDWOOD BLVD	1.3 STREET ADDRESS	45 Molino Avenue
CITY-ST-ZIP	NOVATO CA	1.4 CITY-ST-ZIP	Mill Valley, CA 94941
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREUDER, DONALD L.	2.2 NAME	
STREET ADDRESS	98 ROBINHOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VICTOR R., JR.	3.2 NAME	
STREET ADDRESS	154 FLYING DUTCHMAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEJO CA	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, PATRICIA	4.2 NAME	
STREET ADDRESS	18885 CARRIGER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPPALA, ERIC G.	5.2 NAME	
STREET ADDRESS	11 LONG WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOPEWELL NJ	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIESE, ARTHUR C.	6.2 NAME	
STREET ADDRESS	1025 S. JOSEPHINE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	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: *Patricia England* **RED** 1/15/99 (415) 899-8817

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

CR2E034 (1/198)