

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P38961 (9)
1. Corporation Name
HAAG ENGINEERING CO.

Principal Place of Business Mailing Address
P.O. BOX 814245 P.O. BOX 814245
DALLAS TX 75381 DALLAS TX 75381

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28

3. Date incorporated or Qualified 3a. Date of Last Report
05/26/1992 **03/18/1994**

4. FEI Number Applied For
75-1102228 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**

7. This corporation is primarily for purposes other than business Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 Signature, typed or printed name of registered agent and 199 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	STEWART, JOHN D.
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX
TITLE	D
NAME	O'CONNOR, PAUL
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX
TITLE	D
NAME	WETHORN, JIM
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX
TITLE	S
NAME	TEASDALE, DAVID
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX
TITLE	TD
NAME	VAN METER, JUDY
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX
TITLE	VD
NAME	OLSOVSKY, DENIS D.
STREET ADDRESS	2455 MCIVER
CITY - ST - ZIP	CARROLLTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORRISON, SCOTT
2.3 STREET ADDRESS	2455 MCIVER
2.4 CITY - ST - ZIP	CARROLLTON, TX
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Judy Van Meter JUDY VAN METER 4-17-95 214/247-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Number