

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: P.O. BOX 814245 DALLAS TX 75381
Mailing Address: P.O. BOX 814245 DALLAS TX 75381

3. Date Incorporated or Qualified: **05/26/1992**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **75-1102228**
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

**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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD STEWART, JOHN D. 2455 MCIVER CARROLLTON TX	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MORRISON, SCOTT 2455 MCIVER CARROLLTON TE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D WIETHORN, JIM 2455 MCIVER CARROLLTON TX	<input type="checkbox"/> DELETE	3.1 TITLE VICE PRES - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	S TEASDALE, DAVID 2455 MCIVER CARROLLTON TX	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD VAN METER, JUDY 2455 MCIVER CARROLLTON TX	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD OLSOVSKY, DENIS D. 2455 MCIVER CARROLLTON TX	<input type="checkbox"/> DELETE	6.1 TITLE CHAIRMAN - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY- ST- ZIP			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 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: *Judy Van Meter* **JUDY VAN METER** 3/12/96 214/247-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)

CR2E034 (12/95)