

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



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|---|--|
| Principal Place of Business P.O. BOX 814245 DALLAS TX 75381 | Mailing Address P.O. BOX 814245 DALLAS TX 75381-4245 |
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|---|--|
| 3. Date Incorporated or Qualified 05/26/1992 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 75-1102228 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

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
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

| | | |
|-----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STEWART, JOHN D. | |
| STREET ADDRESS | 2455 MCIVER | |
| CITY - ST - ZIP | CARROLLTON TX | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MORRISON, SCOTT | |
| STREET ADDRESS | 2455 MCIVER | |
| CITY - ST - ZIP | CARROLLTON TE | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WIETHORN, JIM | |
| STREET ADDRESS | 2455 MCIVER | |
| CITY - ST - ZIP | CARROLLTON TX | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | TAYLOR, TERRY | |
| STREET ADDRESS | 2455 MC IVER | |
| CITY - ST - ZIP | CARROLLTON TX | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | VAN METER, JUDY | |
| STREET ADDRESS | 2455 MCIVER | |
| CITY - ST - ZIP | CARROLLTON TX | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | SECRETARY JOHNIE P. SPRUIELL |
| 4.3 STREET ADDRESS | 2455 MCIVER DR. |
| 4.4 CITY - ST - ZIP | CARROLLTON, TX |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 Date: 3/11/97 Daytime Phone #: 972/247-6444

CR2E034 (9/96)