

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1992	
21	22	26	27	4. FEI Number 75-1102228	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHN D.	1.2 NAME	
STREET ADDRESS	2455 MCIVER	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, SCOTT	2.2 NAME	
STREET ADDRESS	2455 MCIVER	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TE	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETHORN, JIM	3.2 NAME	
STREET ADDRESS	2455 MCIVER	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUELL, JOHNE P	4.2 NAME	SECRETARY
STREET ADDRESS	2455 MCIVER DR.	4.3 STREET ADDRESS	KWAST, LILLIAN
CITY-ST-ZIP	CCARROLLTON TX	4.4 CITY-ST-ZIP	2455 MCIVER DR.
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN METER, JUDY	5.2 NAME	TREASURER
STREET ADDRESS	2455 MCIVER	5.3 STREET ADDRESS	VAN METER, JUDY
CITY-ST-ZIP	CARROLLTON TX	5.4 CITY-ST-ZIP	2455 MCIVER
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSOVSKY, DENIS D.	6.2 NAME	
STREET ADDRESS	2455 MCIVER	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	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.

SIGNATURE: *Judy Van Meter Treasurer* **JUDY VAN METER 2-27-98 972/247-6444**

CR2E034 (10/97)