

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38961

1. Entity Name

HAAG ENGINEERING CO.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90152 033 \*\*\*550.00

Principal Place of Business

P.O. BOX 814245  
 DALLAS TX 75381

Mailing Address

P.O. BOX 814245  
 DALLAS TX 75381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1102228

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHN D.	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, SCOTT	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TE	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETHORN, JIM	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNER, KEAN	NAME	SECRETARY
STREET ADDRESS	2455 MCIVER DR	STREET ADDRESS	FREEMAN REISNER
CITY-ST-ZIP	CARROLLTON TX 75006	CITY-ST-ZIP	2455 MCIVER LN
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN METER, JUDY	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX 75006	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSOVSKY, DENIS D.	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judy Van Meter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

972-247-6444

Daytime Phone #

CR2E034 (5/00)