2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P39328

1. Entity Name
FARRIS ENGINEERING INC.

Principal Place of Business
11239 CHICAGO CIRCLE
OMAHA, NE 68154

Mailing Address
11239 CHICAGO CIRCLE
OMAHA, NE 68154

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0742107
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LODES, ROBERT L.
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE
TITLE	VSD
NAME	KRONAIZL, GREGORY T.
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE
TITLE	VTD
NAME	SCHREIER, PHILIP M.
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE
TITLE	D
NAME	VANDERKOLK, KEVIN
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE 68154
TITLE	D
NAME	HUBL, LYLE W
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE 68154
TITLE	D
NAME	PASLEY, JERROLD C
STREET ADDRESS	11239 CHICAGO CIRCLE
CITY-ST-ZIP	OMAHA, NE 68154

100000312088
04/18/05-80110-015 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Lodes Robert L. Lodes 04/12/05 (402)330-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #