

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39328 (0)
1. Corporation Name
FARRIS ENGINEERING INC.



Principal Place of Business: **11239 CHICAGO CIRCLE OMAHA NE 68154**
Mailing Address: **11239 CHICAGO CIRCLE OMAHA NE 68154**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **06/18/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **47-0742107**
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

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 (81-84) fields.

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	GRADY, CHARLES R.	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	2. NAME:	
STREET ADDRESS:	OMAHA NE	13. STREET ADDRESS:	
CITY-ST-ZIP:		14. CITY-ST-ZIP:	
TITLE: PD	LODES, ROBERT L.	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	22. NAME:	
STREET ADDRESS:	OMAHA NE	23. STREET ADDRESS:	
CITY-ST-ZIP:		24. CITY-ST-ZIP:	
TITLE: VSD	KRONAIZL, GREGORY T.	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	32. NAME:	
STREET ADDRESS:	OMAHA NE	33. STREET ADDRESS:	
CITY-ST-ZIP:		34. CITY-ST-ZIP:	
TITLE: VD	HORST, WILLIAM E.	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	42. NAME:	
STREET ADDRESS:	OMAHA NE	43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE: VTD	SCHREIER, PHILIP M.	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	52. NAME:	
STREET ADDRESS:	OMAHA NE	53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE: VD	DEPPEY, DOUGLAS L.	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11239 CHICAGO CIRCLE	62. NAME:	
STREET ADDRESS:	OMAHA NE	63. STREET ADDRESS:	
CITY-ST-ZIP:		64. 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 a 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 attached list with an address.

SIGNATURE: *Robert L. Lodes* **Robert L. Lodes** 4-27-96 (402) 330-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)