

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 024 ***150.00

DOCUMENT # F92000000884

1. Entity Name
HNTB CORPORATION



Principal Place of Business
~~1201 WALNUT~~
~~SUITE 700~~ 715 Kirk Drive
KANSAS CITY, MO ~~64106~~ US
64105

Mailing Address
PO BOX 412197
KANSAS CITY, MO 64141 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

43-1623092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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. 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 \$160.00
After May 1, 2003 Fee will be \$660.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **HAMMOND, HARVEY K JR**
STREET ADDRESS **10640 NORTH WOOD CREST DRIVE**
CITY-STATE-ZIP **MEQUON, WI 53092**

TITLE **Director,** ☒ Change ☐ Addition
NAME **Yarossi, Paul A**
STREET ADDRESS **87 Smokey Ridge Road**
CITY-STATE-ZIP **Ringwood, NJ 07456**

TITLE **S** ☐ Delete
NAME **SCHUERING, MICHAEL E.**
STREET ADDRESS **1844 N. WATERFIELD LANE**
CITY-STATE-ZIP **BLUE SPRINGS, MO 64014**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **McDonald, Kevin R.**
STREET ADDRESS **9102 Forest Shadow Way**
CITY-STATE-ZIP **Fairfax Station, VA 22039**

TITLE **VPD** ☐ Delete
NAME **YAROSSE, PAUL A**
STREET ADDRESS **87 SMOLEY RIDGE ROAD**
CITY-STATE-ZIP **RINGWOOD, NJ 07456**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Campbell, Terry M.**
STREET ADDRESS **1326 NW 47th Street**
CITY-STATE-ZIP **Kansas City, MO 64116**

TITLE **D** ☒ Delete
NAME **MCSPEDEON, EDWARD**
STREET ADDRESS **7252 ELMSBURY LANE**
CITY-STATE-ZIP **WEST HILLS, CA 91307**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **P** ☐ Delete
NAME **GRAHAM, KENNETH R**
STREET ADDRESS **W. 305 N. 1512 SILVERWOOD LANE**
CITY-STATE-ZIP **DELAFIELD, WI 53018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Delete
NAME **ROSBURY, KEITH**
STREET ADDRESS **6652 WIDGEON WAY**
CITY-STATE-ZIP **FRISCO, TX 75034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Michael E. Schuering*

Michael E. Schuering

4-21-03

(816) 472-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)