FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F92000000884

1. Entity Name

HNTB CORPORATION

AMENDED



03 AUG 13 PM 2:54

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

L					_1			
Principal Place of Business 715 Kirk Drive		3. Mailing Address P.O. Box 412197						• -
Suite, Apt. #, etc.		Suite, Apt. #, etc.			20	00 N 1 VI	ER	IDED
City & State Kansas City, MO		City & State Kansas City, Mo			4. FEI No			Applied For Not Applicable
Zip Country - 64105		Zip - 64141	Country		5. Certificate of Status Desired S8.75 Additional Fee Required.			
• • •		<u> </u>			7 Name a	nd Address of Current Re	aistered Age	ent
				Name				
DO NOT WOITE			,	C T Corporation System				
DO-NOT-WRITE			الإستان والمساوية	- Street Address (P.O-Box Number is Not Acceptable)				
IN THIS SPACE			, 1	1200 S. Pine Island Rd.				
, k [®] . , w	IN THIS SP	ACE						
		, a		City Plant	tation		FL	Zip Code 33324
	named entity submits this statement for	the purpose of changing	its registere	ed office or registe	ered agent, c	r both, in the State of Floric	la, I am famili	ar with, and accept
the obligat	tions of registered agent.	1				•		
		//						4
SIGNATURE .	John I. Lin	mhan	<u>, Johr</u>	n J. Linnihan 8/8/2003 d Agant signature required when reinstaling) DATE				
	Signals e, typed or printed name of registered agent a	rid title it applicable. (NOTE: Registered	i Agent signature require	od when reinstelin	(d)	DATE	
Jai	nuary 1 - May 1 Fee is \$150.00			9. Election Campaign Financing \$5.00 May Be				
After May 1, Fee is \$550.00 Amended UBR is \$61.25							Added to Fees	
Make Check Payable to Florida Department of State						Traditional designation.	- Land	Added to 1 cco
10.	OFFICERS AND I					'ar' in		1, 4°
TITLE			TITLE					, u.,
NAME	P,Graham, Kenneth R.		NAME			POONSPE	et ac	
STREET ADDRESS	W.305 N. 1512 Silverwood	Lane		ET ADDRESS	na	2000226 /29/0301013-	022	¥61 25 ° √
CITY-ST-ZIP	Delafield, WI 53018			·ST-ZIP	,,,,	rmerue exere	Call Sanchon 171	" La Line Line Line Line Line Line Line Line
TITLE								<u>" '4 " '</u>
NAME	VP, Kevin R. McDonald		TITLE					
STREET ADDRESS	9102 Forest Shadow Way		NAME	: ET Address				
CITY-ST-ZIP	Fairfax Station, VA 22039		-	ST-ZIP				
	, , , , , , , , , , , , , , , , , , , ,	,			·····		<u> </u>	
- TITLE : *	T, Terry M. Campbel	* · · · * * * * * * * * * * * * * * * *		Committee in the common	ي قـــ پيڪسٽوب ه	to post our thrown or	الهيب عاد م إنتابي في سنطان	
NAME	1326 NW 47th Street		NAME					
STREET ADDRESS	Kansas City, MO 64116			ET ADDRESS		DO NOT V	VRIT	=
CITY-ST-ZIP	Transas Sky, WS 54115		CITY:	ST-ZIP		DO NOT 1	V 1 11 8 8	<u> </u>
TIFE.	S, Michael E. Schuering		TITLE			IN THIS'S	PACE	
NAME	1844 N. Waterfield Lane		NAME				. AVL	
STREET ADDRESS	Blue Springs, MO 64014			et address				
CiTY-ST-ZIP	Blue Springs, IVIO 64014		CITY-	-ST-ZIP				* *
TITLE	AVCD 11Cimm Channels		TITLE					
NAME	AVP, J.Kipp Shrack		MÀN.			ψ (¹) , 4 (₃		
STREET ADDRESS	1265 S. Gaylord		· z	ET ADDRESS "			. 15	
CITY-ST-ZIP	Denver, CO 80210		⁻ ciŤỳ-	ST-ZIP	100			· 345%
TITLE	B B- IA V		TITLE	7 77		The state of the state of		44.55.5
NAME	D, Paul A. Yarossi		NAME	1 1		1,0	- "	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
STREET ADDRESS	87 Smokey Ridge Road		STREE	T ADDRESS .		1 m 1 m	6.1	
CITY-ST-7iP	Ringwood, NJ 07456			ST_7ID	* *		*	

12. Thereby certify that the information supplied with this filling 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 corporate 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 on an attachment with or other certific production.

SIGNATURE:

Michael E. Schuering

07/17/2003

(816) 472-1201