

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F95000002631 (8)**  
1. Corporation Name  
**HARWOOD ENGINEERING CONSULTANTS, LTD., INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>7720 HARWOOD AVE.<br/>MILWAUKEE WI 53213</b> | Mailing Address<br><b>7720 HARWOOD AVE.<br/>MILWAUKEE WI 53213-2611</b> |
|--|---|

|   |                        |   |  |
|---|------------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>05/31/1995</b>                          | 3a. Date of Last Report<br><b>01/30/1996</b>           |
| 21. Suite, Apt #, etc.                          | 26. Suite, Apt #, etc. | 4. FEI Number<br><b>39-1498508</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. City & State                                | 27. City & State       | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| 23. Zip Country                                 | 28. Zip Country        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| 24. Zip   | 25. Country            | 29. Zip   | 30. Country  |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent                                    |  |

**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. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HO, DANNY</b>                          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>W148 N10224 WINDSONG</b>               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GERMANTOWN WI 53022</b>                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEX, ROBERT J</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>920 OLD TOWER RD.</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OCONOMOWOC WI 53066</b>                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POWELL, JOANN</b>                      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>447 N. STORY PKY.</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MILWAUKEE WI 53208</b>                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KORNITZ, BRUCE</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>6568 N. BETHMAUR</b>                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GLENDALE WI 53029</b>                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRUST, ROBERT J</b>                    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>W141 N7558 LARI-LOU DR.</b>            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MENOMONEE FALLS WI 53051</b>           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ZIMMERMAN, GARY V</b>                  | 6.2 NAME  |   |
| STREET ADDRESS             | <b>1425 WEBER CT.</b>                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HARTLAND WI 53029</b>                  | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 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 the 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 attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-7-97** DAYTIME PHONE: **(414) 476-9500**

CR2E034 (9/96)