

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002631 (8)
 1. Corporation Name
HARWOOD ENGINEERING CONSULTANTS, LTD., INC.



Principal Place of Business 7720 HARWOOD AVE. MILWAUKEE WI 53213	Mailing Address 7720 HARWOOD AVE. MILWAUKEE WI 53213
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	24 Zip	25 Country
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 39-1498508	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State		

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	PD <input type="checkbox"/> DELETE	11 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HO, DANNY	12 NAME	Ettmayer, Conrad
STREET ADDRESS	W148 N10224 WINDSONG	13 STREET ADDRESS	S12 W31564 Glacier Pass
CITY-ST-ZIP	GERMANTOWN WI 53022	14 CITY-ST-ZIP	Delafield, WI 53018
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEX, ROBERT J	22 NAME	Gilomen, Robert
STREET ADDRESS	920 OLD TOWER RD.	23 STREET ADDRESS	15460 Shamrock Lane
CITY-ST-ZIP	OCONOMOWOC WI 53086	24 CITY-ST-ZIP	Brookfield, WI 53005
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, JOANN	32 NAME	Smith, Donald
STREET ADDRESS	447 N. STORY PKY.	33 STREET ADDRESS	11551 Haleco Lane
CITY-ST-ZIP	MILWAUKEE WI 53208	34 CITY-ST-ZIP	Hales Corners, WI 53130
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNITZ, BRUCE	42 NAME	Stroik, David
STREET ADDRESS	6568 N. BETHMAUR	43 STREET ADDRESS	5706 Paradise Ridge
CITY-ST-ZIP	GLENDALE WI 53209	44 CITY-ST-ZIP	West Bend, WI 53095
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUST, ROBERT J	52 NAME	
STREET ADDRESS	W141 N7558 LARI-LOU DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MEMOMONEE FALLS WI 53051	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GARY V	62 NAME	
STREET ADDRESS	1425 WEBER CT.	63 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI 53029	64 CITY-ST-ZIP	

14. 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 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 appointment with an address.

SIGNATURE _____ **Bruce Kornitz** 1/6/98 414-475-5554

CR2E034 (10/97)