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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90192 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002631

1. Corporation Name  
**HARWOOD ENGINEERING CONSULTANTS, LTD., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7720 HARWOOD AVE.  
 MILWAUKEE WI 53213**

Mailing Address  
**7720 HARWOOD AVE.  
 MILWAUKEE WI 53213**

3. Date Incorporated or Qualified  
**05/31/1995**

4. FEI Number  
**39-1498508**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HO, DANNY W148 N10224 WINDSONG GERMANTOWN WI 53022	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Donald R. Smith 11551 Haleco Lane Hales Corners, WI 53130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEX, ROBERT J 920 OLD TOWER RD. OCONOMOWOC WI 53066	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D David L. Stroik 5706 Paradise Ridge West Bend, WI 53095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, JOANN 447 N. STORY PKY. MILWAUKEE WI 53208	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORNITZ, BRUCE 6568 N. BETHMAUR GLENDALE WI 53209	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUST, ROBERT J W141 N7558 LARI-LOU DR. MENOMONEE FALLS WI 53051	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V Robert Gilomen 15460 Shamrock Lane Brookfield, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ETTMAYER, CONRAD S12 W31664 GLACIER PASS DELAFIELD WI 53018	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V Patrick Geraghty 407 Salisbury Road West Bend, WI 53095

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 an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-14-99 DAYTIME PHONE #: 1-414-476-95

CR2E034 (1/98)