


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000002631 1. Entity Name HARWOOD ENGINEERING CONSULTANTS, LTD., INC.	
--	---

Principal Place of Business 7420 WEST STATE STREET MILWAUKEE, WI 53213	Mailing Address 7420 WEST STATE STREET MILWAUKEE, WI 53213
--	--

DO NOT WRITE IN THIS SPACE



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1498508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000955603 07/18/08-80004-014 550.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ETTMAYER, CONRAD S12 W31664 GLACIER PAS DELAFIEDL, WI 53018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HO, DANNY A147 N10224 WINDSONG CIR GERMANTOWN, WI 53022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, JOANN 447 N. STORY PKY. MILWAUKEE, WI 53208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORNITZ, BRUCE 6568 N. BETHMAUR GLENDALE, WI 53209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUST, ROBERT J 2141 N7558 LARI-LOU DR. MENOMONEE FALLS; WI 53051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROIK, DAVID L 5706 PARADISE RIDGE WEST BEND, WI 53096

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joann Powell* Date: 7/14/08 Daytime Phone #: 414 918 1434