

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002631

FILED
Jun 26, 2009
Secretary of State

Entity Name: HARWOOD ENGINEERING CONSULTANTS, LTD., INC.

Current Principal Place of Business:

7420 WEST STATE STREET
MILWAUKEE, WI 53213

New Principal Place of Business:

Current Mailing Address:

7420 WEST STATE STREET
MILWAUKEE, WI 53213

New Mailing Address:

FEI Number: 39-1498508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ETTMAYER, CONRAD
Address: S12 W31664 GLACIER PAS
City-St-Zip: DELAFIEDL, WI 53018

Title: VPD () Delete
Name: HO, DANNY
Address: A147 N10224 WINDSONG CIR
City-St-Zip: GERMANTOWN, WI 53022

Title: S () Delete
Name: POWELL, JOANN
Address: 447 N. STORY PKY.
City-St-Zip: MILWAUKEE, WI 53208

Title: T (X) Delete
Name: KORNITZ, BRUCE
Address: 6568 N. BETHMAUR
City-St-Zip: GLENDALE, WI 53209

Title: D () Delete
Name: BRUST, ROBERT J
Address: 2141 N7558 LARI-LOU DR.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: STROIK, DAVID L
Address: 5706 PARADISE RIDGE
City-St-Zip: WEST BEND, WI 53096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ETTMAYER, CONRAD
Address: S12 W31664 GLACIER PASS
City-St-Zip: DELAFIELD, WI 53018

Title: VPD (X) Change () Addition
Name: HO, DANNY
Address: W148 N10224 WINDSONG CIRCLE
City-St-Zip: GERMANTOWN, WI 53022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS JANSSEN

VP

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date