FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32838** **(5)**

1. Corporation Name

HDR CONSTRUCTION CONTROL CORPORATION

Principal Place of Business

5100 W. KENNEDY BLVD.
300
TAMPA FL 33609-1806
US

Mailing Address

8404 INDIAN HILLS DR.
OHAMA NE 68114-4049
US

3. Date Incorporated or Qualified: 02/11/1991

3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 47-0741232 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	[ ] DELETE	1.1 TITLE	President	[ ] Change [X] Addition
NAME	CAMPBELL, JAY A.		1.2 NAME		
STREET ADDRESS	5524 30TH STREET N.W		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	PACHMAN, LOUIS J		2.2 NAME		
STREET ADDRESS	5008 CHICAGO ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	PD	[X] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	TWINING, THOMAS H.		3.2 NAME		
STREET ADDRESS	2574 REDWOOD WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	DSVP	[X] DELETE	4.1 TITLE	Assistant Treasurer	[ ] Change [X] Addition
NAME	MCCORMACK, RICHARD J.		4.2 NAME	Wendy L. Lacey	
STREET ADDRESS	424 BOSPHORUS AVE.		4.3 STREET ADDRESS	10830 Seward St	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	VD	[ ] DELETE	5.1 TITLE	Director/Sr VP	[X] Change [ ] Addition
NAME	WADSWORTH, WILLIAM H.		5.2 NAME		
STREET ADDRESS	108 SOUTH LINCOLN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	T	[X] DELETE	6.1 TITLE	Treasurer	[ ] Change [X] Addition
NAME	JERABEK, ROBERT J.		6.2 NAME	Jean-Francois Mouttet	
STREET ADDRESS	1606 SOUTH 114TH ST.		6.3 STREET ADDRESS	4105 Rive Lane	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Addison TX 75244	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wendy L. Lacey — Asst Treasurer — 4/5/96 — 402-399-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)