

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000884

Entity Name: HNTB CORPORATION**Current Principal Place of Business:**715 KIRK DRIVE
KANSAS CITY, MO 64105**Current Mailing Address:**PO BOX 412197
KANSAS CITY, MO 64141 US**FEI Number:** 43-1623092**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title DIRECTOR
Name HAMMOND, HARVEY K. JR.
Address 11414 WEST PARK PLACE, STE. 300
City-State-Zip: MILWAUKEE WI 53224

Title TREASURER
Name CAMPBELL, TERRY M
Address 715 KIRK DRIVE
City-State-Zip: KANSAS CITY MO 64105

Title SECRETARY
Name DENSON, CRAIG W
Address 715 KIRK DRIVE
City-State-Zip: KANSAS CITY MO 64105

Title ASST. SECRETARY
Name BESHONER, BENJAMIN C.
Address 715 KIRK DRIVE
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name WRIGHT, MICHAEL W.
Address 715 KIRK DRIVE
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name YAROSSE, PAUL A
Address 5 PENN PLAZA, 6TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title ASST. SECRETARY
Name STASKA, SCOTT H.
Address 715 KIRK DRIVE
City-State-Zip: KANSAS CITY MO 64105

Title ASST. SECRETARY
Name BRASWELL, HEATHER R.
Address 343 E. SIX FORKS RD.,
STE. 200
City-State-Zip: RALEIGH NC 27609

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I hereby 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 all other like empowered.

SIGNATURE: CRAIG W. DENSON**SECRETARY****03/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT, VP
Name	SLIMP, ROBERT J.
Address	3715 NORTHSIDE PKWY. NW 400 NORTHCREEK, STE. 600
City-State-Zip:	ATLANTA GA 30327