FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825449** **(2)**

1. Corporation Name
HENNINGSON, DURHAM, & RICHARDSON, INC.

Principal Place of Business	Mailing Address
8404 INDIAN HILLS DRIVE OMAHA NE 68114	8404 INDIAN HILLS DR. OMAHA NE 68114-4049 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1970	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **47-0353452** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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	D	1.1 TITLE	D/P	☒ Change ☒ Addition
NAME	JELENSPERGER, FRANCIS	1.2 NAME		
STREET ADDRESS	2621 SOUTH 102ND ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	68124	
TITLE	DVP	2.1 TITLE	D/COO	☒ Change ☒ Addition
NAME	BACHMAN, MERLE S.	2.2 NAME		
STREET ADDRESS	3940 BOSQUE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	75074	
TITLE	PD	3.1 TITLE	PE	☒ Change ☒ Addition
NAME	HAWTHORNE, LAWRENCE N.	3.2 NAME	(President Emerities)	
STREET ADDRESS	9710 WOODRIDGE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	68124	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HEDGPETH, JAMES A.	4.2 NAME	Robert J. Jerabek	
STREET ADDRESS	2411 SOUTH 102ND ST.	4.3 STREET ADDRESS	1606 S. 114th St	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha NE 68144	
TITLE	VP	5.1 TITLE	D/EVP	☒ Change ☐ Addition
NAME	JERABEK, ROBERT J.	5.2 NAME	Patrick B. McDermott	
STREET ADDRESS	1606 S. 114TH ST.	5.3 STREET ADDRESS	16705 Pine St	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	Omaha NE 68130	
TITLE	S	6.1 TITLE		☐ Change ☒ Addition
NAME	PACHMAN, LOUIS J.	6.2 NAME		
STREET ADDRESS	5008 CHICAGO STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	68132	

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)(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.

SIGNATURE: _____ R. J. Jerabek, Treasurer 4/21/95 (402)399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476141 FP