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 # 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

3. Date Incorporated or Qualified: 12/04/1970
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 47-0353452 ☐ 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 ☐ Yes [X] 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	DP	☐ DELETE	1.1 TITLE		[X] Change ☐ Addition
NAME	JELENSPERGER, FRANCIS		1.2 NAME		
STREET ADDRESS	2621 SOUTH 102ND ST		1.3 STREET ADDRESS	503 TimberLake Dr	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	Southlake TX 76092	
TITLE	DCOO	☐ DELETE	2.1 TITLE		☐ 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		
TITLE	PE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWTHORNE, LAWRENCE N.		3.2 NAME		
STREET ADDRESS	9710 WOODRIDGE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP		
TITLE	T	[X] DELETE	4.1 TITLE	Treasurer	☐ Change [X] Addition
NAME	ROBERT, JERABEK J		4.2 NAME	Wendy L. Lacey	
STREET ADDRESS	1606 S 114TH ST		4.3 STREET ADDRESS	10830 Seward St	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	DEVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCDERMOTT, PATRICK		5.2 NAME		
STREET ADDRESS	16705 PINE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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		

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 — Treasurer — 4/5/96 — 402-399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)