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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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: 04/16/1996
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	

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 24 / Country 25	Zip 29 / Country 30

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
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	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JELENSPERGER, FRANCIS	1.2 NAME	
STREET ADDRESS	503 TIMBERLAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX	1.4 CITY-ST-ZIP	
TITLE	DCOO ☐ DELETE	2.1 TITLE	D EVP ☒ Change ☐ Addition
NAME	BACHMAN, MERLE S.	2.2 NAME	
STREET ADDRESS	3940 BOSQUE DRIVE	2.3 STREET ADDRESS	1800 Hondo
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	Plano, TX 75074
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 ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WENDY L LACEY	4.2 NAME	
STREET ADDRESS	10830 SEWARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Wendy L Lacey Wendy L. Lacey 4/09/97 (402) 399-1000