**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # 825449



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90180 009 \*\*\*158.75

HDR AR	CHITECTURE, INC.										
Principal P ac	e of Business	Mailing Address				T ) BANCAL INDIA SINDA) DISI			<b>0</b> 11 0101		fti Bibli 1681
8404 INDIAN HILLS DRIVE 8404 INDIAN HILL											
OMAHA NE 68114 OMAHA NE 68114-4						DO NO	T WRITE	IN THIS	SPAC	E	
		US				3. Date Incorporated or C					
						12/04/1970					
Principal Place of Business     2a. Mailing Address						4. FEI Number				App	lied For
26						47-0353452			Not Applicable		
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5 Cortificate of Status Desired W						
22		27					′	<del></del>		ee Re	· <del></del>
City & Stat	ie	City & State	-			6. Election Campaign Fin	- 1				May Be
23	On the Amil	Zip Country				Trust Fund Contribution				-	Fees
Zip	Courtry	Zip	30	iu y		This corporation owes     Personal Property Tax.		year int	arigible Ye		<b>∏</b> No
24	9. Name and Address of Current	Registered Agent	130			10. Name and Address o		istere d			· S
	Hanne bille Hadrigas or wallen	· · · · · · · · · · · · · · · · · · ·		81	Name						
CT CORPORATION SYSTEM					Stroot Arts	dress (P.O. Bo) Number is Not	Acceptable	<u> </u>			
1200	) S. PINE ISLAND ROAD			82	Street Act	iless (F.O. 50) Nulliber is Not	Acceptable	7			
PLA	NTATION FL 33324		Ì	83							
				84	City				85	Zip C	ode.
				"	City			FL		<b>-</b> ,p	.044
12.		OFFICERS AND DIRECTORS			it signature requi	red when reinstating) ADDITI DNS/CHANGES		ERS AN			
TITLE	D	☐ DELETE	1,1 TIT	LE						nange	Addition
NAME	BELL, RICHARD R.		1.2 NA	1.2 NAME							
STREET ADORESS			1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	OMAHA NE 68154	— — — — — — — — — — — — — — — — — — —	1.4 CIT		T-ZIP					hange	Addition
TITLE	DEVP	☐ DELETE	2.1 TIT							lange	[] Addition
NAME	BACHMAN, MERLE S.		2.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE	PLANO TX	☐ DELETE	2.4 CI		II-ZIP					nange	Addition
NAME	HAWTHORNE, LAWRENCE N.		3 2 NA								
STREET ADDRESS			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	OMAHA NE		3.4. CI	TY-S	T-ZIP						
TITLE	T	☐ DELETE	4 1 TITLE						□c	hange	☐ Addition
NAME	WENDY L LACEY		4. 2 N/	ME							
STREET ADDRESS	AAAA AL AAAAN AAAA E		4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	OMAHA NE 68122		4,4 CF	Y-S1	T-ZIP						<del></del>
TITLE	DEVP	☐ DELETE	5.1 TIT							hange	Addition
NAME	MCDERMOTT, PATRICK		5 2 NA								
STREET ADDRESS	·-··				ADDRESS						
CITY-ST-ZIP	OMAHA NE 68102	Clociere	5.4 C/T		I-ZIP					hange	Addition
TITLE	S	☐ DELETE		LE					∟∪	nange	
NAMÉ				ME	l l						
	PACHMAN, LOUIS J.		ı	ME REET	L VUDBESS						
STREET ADORESS			ı	REET	TADDRESS						

14. I hereby certify that the informa ion supplied with this filing does not qualify fur 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICE T OR DIRECTOR

(402) 399-1000