2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # 825449** 1. Entity Name HDR ARCHITECTURE, INC. 04-20-2000 90030 042 ***158.75 Mailing Address Principal Place of Business 8404 INDIAN HILLS DR. INDIAN HILLS DRIVE NE 68114 OMAHA NE 68114-4049 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 47-0353452 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). . Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition D CR2E034 (9/99 ☐ Delete TITLE NAME BELL, RICHARD R. NAME STREET ADDRESS STREET ADDRESS 12941 LAFAYETTE AVE CITY-ST-ZIP CITY-ST-ZIP OMAHA NE 68154 □ Change ☐ Addition TITLE DEVP ☐ Delete TITLE NAME BACHMAN, MERLE S. NAME STREET ADDRESS STREET ADDRESS **1800 HONDO** CITY-ST-ZIP CITY-ST-ZIP PLANO TX ☐ Delete ☐ Change ☐ Addition TITLE HAWTHORNE, LAWRENCE N. NAME NAME STREET ADDRESS STREET ADDRESS 9710 WOODRIDGE LANE CITY-ST-ZIP CITY-ST-ZIF OMAHA NE ☐ Delete TITLE ☐ Change Addition TITLE NAME WENDY L LACEY NAME STREET ADDRESS STREET ADDRESS 6804 N. 106TH CIRCLE CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68122** Change Addition DEVP ☐ Delete TITLE TITLE MCDERMOTT, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 1214 HOWARD STREET CITY-ST-ZIP CITY-ST-7IP **OMAHA NE 68102** ☐ Change Addition Delete TITLE TITLE S NAME PACHMAN, LOUIS J. NAME STREET ADDRESS **5008 CHICAGO STREET** STREET ADORESS CITY-ST-7IP CITY-ST-ZIP OMAHA NE

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEOLOGIPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00

(402) 399-1000

Daytime Phone #