## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # 825449 04-23-2007 90261 041 \*\*\*158.75 1. Entity Name HDR ARCHITECTURE, INC. ייטען Principal Place of Business Mailing Address 8404 INDIAN HILLS DRIVE 8404 INDIAN HILLS DR. OMAHA, NE 68114 OMAHA, NE 68114-4049 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172007 Chg-P City & State City & State 4. FEI Number Applied For 47-0353452 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Addition TITLE n Defete TITLE Director Change BELL, RICHARD R. NAME Richard R. Bell 9960 Bloomfield Drive NAME 12941 LAFAYETTE AVE STREET ADDRESS STREET ADDRESS OMAHA, NE 68154 CITY-ST-7IP CITY-ST-7IP Omaha, NE 68114 DP ☐ Delete TITLE Change ☐ Addition TITLE BACHMAN, MERLE S. NAME NAME STREET ADDRESS STREET ADDRESS 717 NORTH 89TH PLAZA CITY-ST-ZIP CITY-ST-ZIP OMAHA, NE 68114 Director/Sr Vice President 🖾 Change TITLE DSVP ☐ Delete TITLE ☐ Addition James D. Franz 211 Burl Street FRANZ, JAMES D NAME NAME STREET ADDRESS STREET ADDRESS 9113 OAK HOLLOW CT Newberg, OR 97132 CITY-ST-ZIP GRANITE BAY, CA 95746 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE WENDY L LACEY NAME NAME STREET ADDRESS 6804 N. 106TH CIRCLE STREET ADORESS CITY-ST-ZIP **OMAHA, NE 68122** CITY-ST-ZIP DEVP Delete ☐ Change ☐ Addition TITLE PINE, JAMES F NAME NAME STREET ADDRESS 627 N 162ND ST STREET ADDRESS CITY-ST-ZIP **OMAHA, NE 68118** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PACHMAN, LOUIS J. NAME NAME **5008 CHICAGO STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP OMAHA, NE 68132 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

4/17/2007

Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy L. Lacey

402-399-1000

Daytime Phone #