

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 039 \*\*\*158.75

**DOCUMENT # 825449**

1. Entity Name  
HDR ARCHITECTURE, INC.



Principal Place of Business  
8404 INDIAN HILLS DRIVE  
OMAHA, NE 68114

Mailing Address  
8404 INDIAN HILLS DR.  
OMAHA, NE 68114-4049 US

60043462

2. Principal Place of Business - No P.O. Box #

5426 Bay Center Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

04172008

Chg-P

CR2E034 (12/06)

City & State  
Tampa, FL

City & State

4. FEI Number

47-0353452

Applied For

Not Applicable

Zip  
33609-3444

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, RICHARD R.	
STREET ADDRESS	9960 BLOOMFIELD DRIVE	
CITY-ST-ZIP	OMAHA, NE 68114	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BACHMAN, MERLE S.	
STREET ADDRESS	717 NORTH 89TH PLAZA	
CITY-ST-ZIP	OMAHA, NE 68114	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FRANZ, JAMES D	
STREET ADDRESS	211 BURL STREET	
CITY-ST-ZIP	NEWBERG, OR 97132	
TITLE	T	<input type="checkbox"/> Delete
NAME	WENDY L LACEY	
STREET ADDRESS	6804 N. 106TH CIRCLE	
CITY-ST-ZIP	OMAHA, NE 68122	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	PINE, JAMES F	
STREET ADDRESS	627 N 162ND ST	
CITY-ST-ZIP	OMAHA, NE 68118	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACHMAN, LOUIS J.	
STREET ADDRESS	5008 CHICAGO STREET	
CITY-ST-ZIP	OMAHA, NE 68132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. Brinkman	
STREET ADDRESS	651 Hilary Drive	
CITY-ST-ZIP	Tiburon, CA 94920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Sr Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Moran	
STREET ADDRESS	17250 Knoll Trail Apt 601	
CITY-ST-ZIP	Dallas, TX 75248	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Wendy L Lacey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

402-399-1000

Daytime Phone #