2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State DOCUMENT # F0000004176 1. Entity Name 05-04-2005 90103 010 ***158.75 HDR DESIGN-BUILD, INC. Principal Place of Business Mailing Address 8404 INDIAN HILLS DRIVE 8404 INDIAN HILLS DRIVE OMAHA NE 68114-4049 OMAHA NE 68114-4049 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 47-0793233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 凶 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PCD ☐ Delete TITLE XX Change ☐ Addition NAME BELL, RICHARD R NAME STREET ADDRESS 12941 LAFAYETTE AVE STREET ADDRESS CITY-ST-ZIP **OMAHA NE 68154** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PACHMAN, LOUIS J STREET ADDRESS 5008 CHICAGO STREET STREET ADDRESS **OMAHA NE 68132** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE LACEY, WENDY L STREET ADDRESS STREET ADDRESS 6804 N 106TH CIRCLE CITY-ST-7P CITY-ST-ZIP **OMAHA NE 68122** TITLE ☐ Delete Change ☐ Addition TITLE SUTTLE, JAMES H NAME NAME 6054 COUNTRY CLUB OAKS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OMAHA NE 68152** CITY-ST-ZIP DSVP D/P ☐ Delete ■ Addition LISAK, DOUGLAS E NAME **14831 BENSON** STREET ADDRESS STREET ADDRESS **OVERLAND PARK KS 66221** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OF DIRECTOR

Wendy L. Lacey, Treasurer 4/20/05

FILED