

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000004176

1. Entity Name
HDR DESIGN-BUILD, INC.



Principal Place of Business

8404 INDIAN HILLS DRIVE
OMAHA, NE 68114-4049

Mailing Address

8404 INDIAN HILLS DRIVE
OMAHA, NE 68114-4049



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0793233

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

U00000939455
05/28/08-80023-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, RICHARD R
STREET ADDRESS	9960 BLOOMFIELD DRIVE
CITY-ST-ZIP	OMAHA, NE 68114
TITLE	S
NAME	PACHMAN, LOUIS J
STREET ADDRESS	5008 CHICAGO STREET
CITY-ST-ZIP	OMAHA, NE 68132
TITLE	T
NAME	LACEY, WENDY L
STREET ADDRESS	6804 N 106TH CIRCLE
CITY-ST-ZIP	OMAHA, NE 68122
TITLE	VP
NAME	FLANAGAN, RAYMOND W
STREET ADDRESS	2102 WHITLOCK PLACE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	DPCO
NAME	LISAK, DOUGLAS E
STREET ADDRESS	13913 MASTIN STREET
CITY-ST-ZIP	OVERLAND PARK, KS 66221
TITLE	VP
NAME	GLASSEN, RICHARD L
STREET ADDRESS	1234 GREYLYN DR
CITY-ST-ZIP	CHARLOTTE, NC 28226

**DO NOT WRITE
IN THIS SPACE**

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 #