2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# F01000002184

Entity Name: HDR ACQUISITION SERVICES, INC.

Current Principal Place of Business:

5426 BAY CENTER DRIVE
400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5426 BAY CENTER DRIVE
400
TAMPA, FL 33609 US

New Mailing Address:

8404 INDIAN HILLS DRIVE
OMAHA, NE 68114 US

FEI Number: 47-0839537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LITTLE, GEORGE A
Address: 2802 N. 160TH STREET
City-St-Zip: OMAHA, NE 68116

Title: DEV ( ) Delete
Name: WADSWORTH, WILLIAM H
Address: 3115 FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete
Name: PACHMAN, LOUIS J
Address: 5008 CHICAGO ST.
City-St-Zip: OMAHA, NE 68132

Title: T ( ) Delete
Name: LACEY, WENDY L
Address: 6804 N. 106TH CIRCLE
City-St-Zip: OMAHA, NE 68122

Title: SV ( ) Delete
Name: BOWDOIN, PAUL
Address: 407 BARBARA LANE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change ( ) Addition
Name: BOWDOIN, PAUL
Address: 407 BARBARA LANE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY L LACEY T 04/18/2009

Electronic Signature of Signing Officer or Director — Date