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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004021 (1)**
1. Corporation Name
HARDING LAWSON ASSOCIATES INFRASTRUCTURE, INC.



Principal Place of Business
~~13810 SE EASTGATE WAY~~
~~STE. 200~~
~~BELLEVUE WA 98005 4440~~

Mailing Address
7655 REDWOOD BLVD
NOVATO CA 94945-1400
US

3. Date Incorporated or Qualified 08/02/1994	3a. Date of Last Report 02/06/1996
4. FEI Number 68-0331137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 411 108th Ave. NE	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste. 400	27
City & State	City & State
23 Bellevue, WA	28
Zip	Country
24 98004	25 USA
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREUDER, DONALD L	1.2 NAME	
STREET ADDRESS	7655 REDWOOD BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94945	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMAYE, PRAKASH V	2.2 NAME	
STREET ADDRESS	13810 SE EASTGATE WAY, STE. 200	2.3 STREET ADDRESS	411 108th Avenue NE, Ste. 400
CITY - ST - ZIP	BELLEVUE WA 98005 4440	2.4 CITY - ST - ZIP	Bellevue, WA 98004
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, PATRICIA A	3.2 NAME	
STREET ADDRESS	7655 REDWOOD BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94945	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, GREGORY A	4.2 NAME	
STREET ADDRESS	7655 REDWOOD BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94945	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SCOTT S.	5.2 NAME	Vice President
STREET ADDRESS	2086 - 213RD AVENUE NE	5.3 STREET ADDRESS	Dykens, Stuart E.
CITY - ST - ZIP	REDMOND WA	5.4 CITY - ST - ZIP	961 Matley Lane, Ste. 110
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUJIB, AHMED	6.2 NAME	
STREET ADDRESS	9226 S. 237TH PLACE	6.3 STREET ADDRESS	411 108th Avenue NE, Ste. 400
CITY - ST - ZIP	KENT WA	6.4 CITY - ST - ZIP	Bellevue, WA 98004

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. England* **PATRICIA A. ENGLAND** 1/30/97 45899-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)