

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002631 (8)

1. Corporation Name

HARWOOD ENGINEERING CONSULTANTS, LTD., INC.



Principal Place of Business

Mailing Address

7720 HARWOOD AVE.
MILWAUKEE WI 53213

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MILWAUKEE WI 53213

3. Date Incorporated or Qualified 05/31/1995	3a. Date of Last Report
4. FEI Number 39-1498508	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, DANNY	1.2 NAME	
STREET ADDRESS	W148 N10224 WINDSONG	1.3 STREET ADDRESS	
CITY- ST- ZIP	GERMANTOWN WI 53022	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEX, ROBERT J	2.2 NAME	
STREET ADDRESS	920 OLD TOWER RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OCONOMOWOC WI 53066	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JOANN	3.2 NAME	
STREET ADDRESS	447 N. STORY PKY.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI 53208	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNITZ, BRUCE	4.2 NAME	
STREET ADDRESS	6568 N. BETHMAUR	4.3 STREET ADDRESS	
CITY- ST- ZIP	GLENDAL WI 53209	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUST, ROBERT J	5.2 NAME	
STREET ADDRESS	W141 N7558 LARI-LOU DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	MENOMONEE FALLS WI 53051	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GARY V	6.2 NAME	
STREET ADDRESS	1425 WEBER CT.	6.3 STREET ADDRESS	
CITY- ST- ZIP	HARTLAND WI 53029	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

BRUCE W. KORNITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 (414) 475-5554
Date Daytime Phone #

CR2E034 (12/95)