

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 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 # **F95000002631 (8)**

1. Corporation Name

**HARWOOD ENGINEERING CONSULTANTS, LTD., INC.**



Principal Place of Business

**7720 HARWOOD AVE.  
MILWAUKEE WI 53213**

Mailing Address

**7720 HARWOOD AVE.  
MILWAUKEE WI 53213-2611**

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**05/31/1995**

3a. Date of Last Report

**01/30/1996**

4. FEI Number

**39-1498508**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HO, DANNY	
STREET ADDRESS	W148 N10224 WINDSONG	
CITY-ST-ZIP	GERMANTOWN WI 53022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEX, ROBERT J	
STREET ADDRESS	920 OLD TOWER RD.	
CITY-ST-ZIP	OCONOMOWOC WI 53066	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POWELL, JOANN	
STREET ADDRESS	447 N. STORY PKY.	
CITY-ST-ZIP	MILWAUKEE WI 53208	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KORNITZ, BRUCE	
STREET ADDRESS	6568 N. BETHMAUR	
CITY-ST-ZIP	GLENDALE WI 53209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUST, ROBERT J	
STREET ADDRESS	W141 N7558 LARI-LOU DR.	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, GARY V	
STREET ADDRESS	1425 WEBER CT.	
CITY-ST-ZIP	HARTLAND WI 53029	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 (414) 476-9500

Date

Daytime Phone

CR2E034 (9/96)