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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☐ DELETE

NAME PD
HO, DANNY
STREET ADDRESS W148 N10224 WINDSONG
CITY-ST-ZIP GERMANTOWN WI 53022

TITLE ☐ DELETE

NAME V
LEX, ROBERT J
STREET ADDRESS 920 OLD TOWER RD.
CITY-ST-ZIP OCONOMOWOC WI 53086

TITLE ☐ DELETE

NAME S
POWELL, JOANN
STREET ADDRESS 447 N. STORY PKY.
CITY-ST-ZIP MILWAUKEE WI 53208

TITLE ☐ DELETE

NAME T
KORNITZ, BRUCE
STREET ADDRESS 6568 N. BETHMAUR
CITY-ST-ZIP GLENDALE WI 53209

TITLE ☐ DELETE

NAME D
BRUST, ROBERT J
STREET ADDRESS W141 N7558 LARI-LOU DR.
CITY-ST-ZIP MENOMONEE FALLS WI 53051

TITLE ☒ DELETE

NAME D
ZIMMERMAN, GARY V
STREET ADDRESS 1425 WEBER CT.
CITY-ST-ZIP HARTLAND WI 53029

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Vice President ☐ Change ☒ Addition

12 NAME Ettmayer, Conrad
13 STREET ADDRESS S12 W31564 Glacier Pass
14 CITY-ST-ZIP Delafield, WI 53018

21 TITLE Vice President ☐ Change ☒ Addition

22 NAME Gilomen, Robert
23 STREET ADDRESS 15460 Shamrock Lane
24 CITY-ST-ZIP Brookfield, WI 53005

31 TITLE Director ☐ Change ☒ Addition

32 NAME Smith, Donald
33 STREET ADDRESS 11551 Haleco Lane
34 CITY-ST-ZIP Hales Corners, WI 53130

41 TITLE Director ☐ Change ☒ Addition

42 NAME Stroik, David
43 STREET ADDRESS 5706 Paradise Ridge
44 CITY-ST-ZIP West Bend, WI 53095

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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

Bruce Kornitz 1/6/98 414-475-5554

CR2E034 (10/97)