2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002631

1. Entity Name
HARWOOD ENGINEERING CONSULTANTS, LTD., INC.

FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
7420 WEST STATE STREET
MILWAUKEE, WI 53213

Mailing Address
7420 WEST STATE STREET
MILWAUKEE, WI 53213

07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1498508 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U000009556031
07/18/08-80004-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ETTMAYER, CONRAD
STREET ADDRESS	S12 W31664 GLACIER PAS
CITY-ST-ZIP	DELAFIEDL, WI 53018
TITLE	VPD
NAME	HO, DANNY
STREET ADDRESS	A147 N10224 WINDSONG CIR
CITY-ST-ZIP	GERMANTOWN, WI 53022
TITLE	S
NAME	POWELL, JOANN
STREET ADDRESS	447 N. STORY PKY.
CITY-ST-ZIP	MILWAUKEE, WI 53208
TITLE	T
NAME	KORNITZ, BRUCE
STREET ADDRESS	6568 N. BETHMAUR
CITY-ST-ZIP	GLENDALE, WI 53209
TITLE	D
NAME	BRUST, ROBERT J
STREET ADDRESS	2141 N7558 LARI-LOU DR.
CITY-ST-ZIP	MENOMONEE FALLS, WI 53051
TITLE	D
NAME	STROIK, DAVID L
STREET ADDRESS	5706 PARADISE RIDGE
CITY-ST-ZIP	WEST BEND, WI 53096

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joann Powell — 7/14/08 — 414 918 1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #