

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002631

FILED  
Jun 26, 2009  
Secretary of State

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

## Current Principal Place of Business:

7420 WEST STATE STREET  
MILWAUKEE, WI 53213

## New Principal Place of Business:

## Current Mailing Address:

7420 WEST STATE STREET  
MILWAUKEE, WI 53213

## New Mailing Address:

FEI Number: 39-1498508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ETTMAYER, CONRAD  
Address: S12 W31664 GLACIER PAS  
City-St-Zip: DELAFIEDL, WI 53018

Title: VPD ( ) Delete  
Name: HO, DANNY  
Address: A147 N10224 WINDSONG CIR  
City-St-Zip: GERMANTOWN, WI 53022

Title: S ( ) Delete  
Name: POWELL, JOANN  
Address: 447 N. STORY PKY.  
City-St-Zip: MILWAUKEE, WI 53208

Title: T (X) Delete  
Name: KORNITZ, BRUCE  
Address: 6568 N. BETHMAUR  
City-St-Zip: GLENDALE, WI 53209

Title: D ( ) Delete  
Name: BRUST, ROBERT J  
Address: 2141 N7558 LARI-LOU DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete  
Name: STROIK, DAVID L  
Address: 5706 PARADISE RIDGE  
City-St-Zip: WEST BEND, WI 53096

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ETTMAYER, CONRAD  
Address: S12 W31664 GLACIER PASS  
City-St-Zip: DELAFIELD, WI 53018

Title: VPD (X) Change ( ) Addition  
Name: HO, DANNY  
Address: W148 N10224 WINDSONG CIRCLE  
City-St-Zip: GERMANTOWN, WI 53022

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS JANSSEN

VP

06/26/2009

Electronic Signature of Signing Officer or Director

Date