

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 # F95000005413 (8)

1. Corporation Name

HOWARD NEEDLES TAMMEN & BERGENDOFF, INC.



Principal Place of Business

% HNTB CORPORATION  
1201 WALNUT, SUITE 700  
KANSAS CITY MO 64106

Mailing Address

% HNTB CORPORATION  
1201 WALNUT, SUITE 700  
KANSAS CITY MO 64106

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

4. FEI Number

43-1694597

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

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 date of signature

Signature, typed or printed name of registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COMA, ROBERT S  
STREET ADDRESS 1215 NW 43RD TERRACE  
CITY-ST-ZIP KANSAS CITY MO 64116 ☐ DELETE

TITLE VD  
NAME SLANEY, GORDON H JR  
STREET ADDRESS 25 BARNYARD LANE  
CITY-ST-ZIP NORTH ARLINGTON MA 02351 ☐ DELETE

TITLE ST  
NAME SCHUERING, MICHAEL E  
STREET ADDRESS 1844 N. WATERFIELD LANE  
CITY-ST-ZIP BLUE SPRINGS MO 64014 ☐ DELETE

TITLE AS  
NAME ANDERSON, JAMES R JR  
STREET ADDRESS 13803 GOODMAN ST  
CITY-ST-ZIP OVERLAND PARK KS 66223 ☐ DELETE

TITLE AT  
NAME LAND, CHERLYN A  
STREET ADDRESS 6841 LADEN  
CITY-ST-ZIP SHAWNEE KS 66216 ☒ DELETE

TITLE D  
NAME DUPIES, DONALD A  
STREET ADDRESS 2085 DERRIN LANE  
CITY-ST-ZIP BROOKFIELD WI 53045 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
Wight, Jr., John W.  
11 Park Lane  
Madison, NJ 07940

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 if changed, or on an attachment with an address

SIGNATURE: *Michael E. Schuering*

/Michael E. Schuering

4/12/96

(816)472-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (12/95)