FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

P34741

APPROVED AND FILED

95 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06487 (3)

1. Corporation Name

HDR ENGINEERING, INC.

Principal Place of Business	Mailing Address
5100 W. KENNEDY BLVD. 300 TAMPA FL 33609-1806 US	8404 INDIAN HILLS DRIVE OMAHA NE 68114-4049 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1985
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 47-0680568 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	BELL, RICHARD R.	12 NAME		
STREET ADDRESS	12941 LAFAYETTE AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	68154	
TITLE	VPD	21 TITLE	EVP	☒ Change ☒ Addition
NAME	BORCHARDT, FRANKLIN A.	22 NAME		
STREET ADDRESS	206 WEST WARING	23 STREET ADDRESS		
CITY-ST-ZIP	VALLEY NE	24 CITY-ST-ZIP	68064	
TITLE	SVP	31 TITLE	D/SVP	☒ Change ☒ Addition
NAME	BLEEKER, GARY L	32 NAME		
STREET ADDRESS	4816 118TH AVE NE	33 STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA	34 CITY-ST-ZIP	98033	
TITLE	S	41 TITLE		☐ Change ☒ Addition
NAME	PACHMAN,LOUIS J.	42 NAME		
STREET ADDRESS	5008 CHICAGO STREET	43 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	44 CITY-ST-ZIP	68132	
TITLE	T	51 TITLE		☐ Change ☒ Addition
NAME	JERABEK,ROBERT	52 NAME		
STREET ADDRESS	1606 S. 114 ST.	53 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	54 CITY-ST-ZIP	68144	
TITLE	D	61 TITLE		☒ Change ☒ Addition
NAME	JELENSPERGER, FRANCIS	62 NAME		
STREET ADDRESS	205 NORTH 127TH PLAZA	63 STREET ADDRESS	2621 S. 102nd St	
CITY-ST-ZIP	OMAHA NE	64 CITY-ST-ZIP	68124	

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)(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: R. J. Jerabek SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. J. Jerabek, Treasurer 4/21/95 Date (402)399-1000 Daytime Phone #

0470142 FP