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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06487**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/20/1985	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 47-0680568	☐ Applied For ☐ No Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, RICHARD R.		1.2 NAME		
STREET ADDRESS	12941 LAFAYETTE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP		
TITLE	DEVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES H SUTTLE		2.2 NAME		
STREET ADDRESS	3802 N 95TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	DSVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLEEKER, GARY L		3.2 NAME		
STREET ADDRESS	4816 118TH AVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PACHMAN,LOUIS J.		4.2 NAME		
STREET ADDRESS	5008 CHICAGO STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	LACEY, WNDY L.		5.2 NAME	Lacey, Wendy L.	
STREET ADDRESS	6804 N. 106TH CIRCLE		5.3 STREET ADDRESS	6804 N. 106th Circle	
CITY-ST-ZIP	OMAHA NE 68122		5.4 CITY-ST-ZIP	Omaha, NE 68122	
TITLE	DEVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANEY, JAMES K.		6.2 NAME		
STREET ADDRESS	6001 TRAVIS WOODS COVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78734		6.4 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, with all other like empowered.

SIGNATURE: Wendy L Lacey — Wendy L.Lacey — 4/20/99 — (402) 399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Treasurer — Date — Daytime Phone #

CR2E034 (11/98)