

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 040 \*\*\*158.75

**DOCUMENT # P06487**

1. Entity Name  
**HDR ENGINEERING, INC.**



Principal Place of Business  
**2202 N WEST SHORE  
SUITE 250  
TAMPA, FL 33607 US**

Mailing Address  
**8404 INDIAN HILLS DRIVE  
OMAHA, NE 68114-4049 US**

2. Principal Place of Business - No P.O. Box #  
**5426 Bay Center Drive**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

Zip  
**33609-3444**

Country

Zip

Country

04172008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**47-0680568**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                                                    |                                            |
|----------------|----------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME  | <b>DCEO</b>                                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>BELL, RICHARD R</b>                             |                                            |
| CITY-ST-ZIP    | <b>9960 BLOOMFIELD DRIVE<br/>OMAHA, NE 68114</b>   |                                            |
| TITLE<br>NAME  | <b>DEVP</b>                                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>HANEY, JAMES K</b>                              |                                            |
| CITY-ST-ZIP    | <b>6001 TRAVIS WOODS COVE<br/>AUSTIN, TX 78734</b> |                                            |
| TITLE<br>NAME  | <b>REO</b>                                         | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>FRITZ, LUANN A</b>                              |                                            |
| CITY-ST-ZIP    | <b>14709 DAYBREAK DR<br/>LUTZ, FL 33559</b>        |                                            |
| TITLE<br>NAME  | <b>S</b>                                           | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>PACHMAN, LOUIS J.</b>                           |                                            |
| CITY-ST-ZIP    | <b>5008 CHICAGO STREET<br/>OMAHA, NE</b>           |                                            |
| TITLE<br>NAME  | <b>T</b>                                           | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>LACEY, WENDY L</b>                              |                                            |
| CITY-ST-ZIP    | <b>6804 N. 106TH CIRCLE<br/>OMAHA, NE 68122</b>    |                                            |
| TITLE<br>NAME  | <b>DCOO</b>                                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>LITTLE, GEORGE A</b>                            |                                            |
| CITY-ST-ZIP    | <b>2802 N. 160TH STREET<br/>OMAHA, NE 68116</b>    |                                            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                                 |                                                                              |
|----------------|-------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  |                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                 |                                                                              |
| CITY-ST-ZIP    |                                                 |                                                                              |
| TITLE<br>NAME  |                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>1220 Rustic Lane</b>                         |                                                                              |
| CITY-ST-ZIP    | <b>Austin, TX 78669</b>                         |                                                                              |
| TITLE<br>NAME  | <b>Director/Exec Vice President</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>Gary L. Bleeker</b>                          |                                                                              |
| CITY-ST-ZIP    | <b>1609 S. 193rd Street<br/>Omaha, NE 68130</b> |                                                                              |
| TITLE<br>NAME  |                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                 |                                                                              |
| CITY-ST-ZIP    |                                                 |                                                                              |
| TITLE<br>NAME  |                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                 |                                                                              |
| CITY-ST-ZIP    |                                                 |                                                                              |
| TITLE<br>NAME  |                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                                 |                                                                              |
| CITY-ST-ZIP    |                                                 |                                                                              |

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:**

*Wendy L Lacey*

4/17/08

402-399-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #