FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24941 (7)

1. Corporation Name
HDR INFORMATION TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
12700 HILLCREST ROAD, SUITE 125 DALLAS TX 75230-2096	8404 INDIAN HILLS DR. OMAHA NE 68114-4049 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1989	3a. Date of Last Report: 04/27/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 47-0617299	☐ 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	JELENSPERGER, FRANCIS	12 NAME	
STREET ADDRESS	2621 SOUTH 102ND ST	13 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	14 CITY ST ZIP	68124
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	COLLE, FRANCOIS	22 NAME	DELETE/ NONE
STREET ADDRESS	12736 SHIRLEY ST	23 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☒ Addition
NAME	JERABEK, ROBERT J.	32 NAME	
STREET ADDRESS	1606 SOUTH 114 ST.	33 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	34 CITY ST ZIP	68144
TITLE	S	41 TITLE	☐ Change ☒ Addition
NAME	PACHMAN, LOUIS J.	42 NAME	
STREET ADDRESS	5008 CHICAGO ST.	43 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	44 CITY ST ZIP	68132
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	BELL, RICHARD R.	52 NAME	
STREET ADDRESS	12941 LAFAYETTE AVE.	53 STREET ADDRESS	
CITY ST ZIP	OMAHA NE	54 CITY ST ZIP	68154
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	HAWTHORNE, LAWRENCE N.	62 NAME	
STREET ADDRESS	9710 WOODRIDGE LANE	63 STREET ADDRESS	
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, Treasurer 4/21/95 (402)399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476143 FP