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 # **P24941** (7)

1. Corporation Name
HDR INFORMATION TECHNOLOGIES, INC.

Principal Place of Business
12700 HILLCREST ROAD. SUITE 125
DALLAS TX 75230-2096

Mailing Address
8404 INDIAN HILLS DR.
OMAHA NE 68114-4049
US

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 04/27/1995

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: 47-0617299 ☐ 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: ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JELENSPERGER, FRANCIS	
STREET ADDRESS	2621 SOUTH 102ND ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	☒ DELETE
NAME	JERABEK, ROBERT J.	
STREET ADDRESS	1606 SOUTH 114 ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	☐ DELETE
NAME	PACHMAN, LOUIS J.	
STREET ADDRESS	5008 CHICAGO ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	☐ DELETE
NAME	BELL, RICHARD R.	
STREET ADDRESS	12941 LAFAYETTE AVE.	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	☒ DELETE
NAME	HAWTHORNE, LAWRENCE N.	
STREET ADDRESS	9710 WOODRIDGE LANE	
CITY-ST-ZIP	OMAHA NE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	503 Timber Lake Dr	
1.4 CITY-ST-ZIP	South Lake TX 76092	
2.1 TITLE	Treasurer	☐ Change ☒ Addition
2.2 NAME	Jean-Francois Mouttet	
2.3 STREET ADDRESS	4105 Rive Lane	
2.4 CITY-ST-ZIP	Addison Tx 75244	
3.1 TITLE	Asst Treas	☐ Change ☒ Addition
3.2 NAME	Wendy L. Lacey	
3.3 STREET ADDRESS	10830 Seward St	
3.4 CITY-ST-ZIP	Omaha NE 68154	
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		

CR2E034 (12/95)

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: Wendy L Lacey Asst Treasurer 4/5/96 402-399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #