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FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P33646 (1)
 1. Corporation Name
HARDING LAWSON ASSOCIATES, INC.



Principal Place of Business: **7655 REDWOOD BLVD NOVATO CA 94945**
 Mailing Address: **7655 REDWOOD BLVD NOVATO CA 94945-1400**

3. Date Incorporated or Qualified: **04/18/1991**
 3a. Date of Last Report: **03/22/1996**
 4. FEI Number: **68-0146861**
 Applied For: 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

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
 85 Zip Code **FL**

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	D	<input type="checkbox"/> DELETE
NAME	HARDING, RICHARD S.	
STREET ADDRESS	7655 REDWOOD BLVD	
CITY - ST - ZIP	NOVATO CA	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SCHREUDER, DONALD L	
STREET ADDRESS	98 ROBINHOOD DR.	
CITY - ST - ZIP	NOVATO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, VICTOR R., JR.	
STREET ADDRESS	154 FLYING DUTCHMAN	
CITY - ST - ZIP	VALLEJO CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ENGLAND, PATRICIA	
STREET ADDRESS	18885 CARRIGER ROAD	
CITY - ST - ZIP	SONOMA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAPPALA, ERIC G.	
STREET ADDRESS	11 LONG WAY	
CITY - ST - ZIP	HOPEWELL NJ	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Riese, Arthur C.	
STREET ADDRESS	1025 S. Josephine	
CITY - ST - ZIP	Denver, CO 80209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Patricia A England* **PATRICIA A ENGLAND** 1/20/97 415 899-8817
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)