

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90058 007 \*\*\*150.00

05867/31

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P33646**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/18/1991**

4. FEI Number  
**68-0146861**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CVT</b>
1.3 STREET ADDRESS	<b>Thornton, Gregory A.</b>
1.4 CITY-ST-ZIP	<b>45 Molino Avenue Mill Valley, CA 94941</b>
2.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PD</b>
6.3 STREET ADDRESS	
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: *Patricia England* **RED** 1/15/99 (415) 899-8817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)