

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002631

Entity Name: HARWOOD ENGINEERING CONSULTANTS, LTD., INC.**Current Principal Place of Business:**255 NORTH 21ST STREET
MILWAUKEE, WI 53233**Current Mailing Address:**255 NORTH 21ST STREET
MILWAUKEE, WI 53233**FEI Number:** 39-1498508**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ETTMAYER, CONRAD
Address S12 W31664 GLACIER PASS
City-State-Zip: DELAFIELD WI 53018

Title V
Name GILOMEN, ROBERT
Address 15460 SHAMROCK LANE
City-State-Zip: BROOKFIELD WI 53005

Title V
Name OLEJNICZAK, THOMAS
Address 1752 NORTH 83RD STREET
City-State-Zip: WAUWATOSA WI 53213

Title VP
Name SIKKEMA, RANDY
Address 172 GLEN HILL DRIVE
City-State-Zip: SLINGER WI 53086

Title V
Name LEX, ROBERT
Address 1863 RIVER LAKES ROAD SOUTH
City-State-Zip: OCONOMOWOC WI 53066

Title CD
Name GERAGHTY, PATRICK
Address 339 STONEY CREEK LANE
City-State-Zip: FREDONIA WI 53021

Title V
Name PETERSEN, TOM
Address 18155 HARVEST LANE
City-State-Zip: BROOKFIELD WI 53045

Title VP/SECRETARY
Name POWELL, JOANN
Address 447 N STORY PARKWAY
City-State-Zip: MILWAUKEE WI 53208

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANN POWELL

VP/SECRETARY

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT/CHAIRMAN
Name	STROIK, DAVID
Address	5706 PARADISE RIDGE
City-State-Zip:	WEST BEND WI 53095