



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71332		2. Name of Corporation HNTB Rhode Island, Inc.	
3. Street Address Principal Business Office P.O. Box 412197		City Kansas City	State MO
4. Business Phone No (816) 472-1201		5. State of Incorporation RHODE ISLAND	6. SIC Code 7518
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND PROVIDE ARCHITECTURAL SERVICES.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Gregory M. Detmer		Vice President Name Terry K. Miller	
Street Address 35 Otis Street		Street Address 13117 W. 128th Street	
City Needham	State MA	City Overland Park	State KS
Secretary Name Michael E. Schuering		Treasurer Name Michael E. Schuering	
Street Address 1844 N. Waterfield Lane		Street Address 1844 N. Waterfield Lane	
City Blue Springs	State MO	City Blue Springs	State MO
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Director Name Gregory M. Detmer		AUTHORIZED SHARES	
Street Address 35 Otis Street		ISSUED SHARES	
City Needham	State MA	Number of Shares	
Director Name		Class/Series	
Street Address		Par Value	
City	State	10,000 \$.01 PAR VALUE	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		ISSUED SHARES	
Number of Shares		Class/Series	
1000		Common	
Par Value		\$.01	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*71332\*

File Date 1-31-05  
Check No. 110458  
By: Y.C.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Michael E. Schuering

Print or Type Name of Officer

Secretary/Treasury

Title of Officer

STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00


(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>71332</b>		2. Name of Corporation <b>HNTB RHODE ISLAND, INC.</b>			
3. Street Address Principal Business Office <b>P. O. BOX 412197</b>			City <b>KANSAS CITY</b>	State <b>MO</b>	Zip <b>64141</b>
4. Business Phone No. <b>(816) 472-1201</b>		5. State of Incorporation <b>RI</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Architects and Engineers</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gregory M. Detmer</b>			Vice President Name <b>Charles L. O'Reilly, Jr.</b>		
Street Address <b>35 Otis Street</b>			Street Address <b>75 Sheridan Street</b>		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02492</b>	City <b>Woburn</b>	State <b>MA</b>	Zip <b>01801</b>
Secretary Name <b>Michael E. Schuering</b>			Treasurer Name <b>Michael E. Schuering</b>		
Street Address <b>1844 N. Waterfield Lane</b>			Street Address <b>1844 N. Waterfield Lane</b>		
City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>	City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gregory M. Detmer</b>			Director Name		
Street Address <b>35 Otis Street</b>			Street Address		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02492</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>10,000</b>	<b>Common</b>	<b>.01</b>	<b>1,000</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	<b>7-9-04</b>
Check No.	<b>60974</b>
By:	<b>1UP</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 **02/05/04**  
Signature of Officer Date  
**Michael E. Schuering**  
Print or Type Name of Officer  
**Secretary/Treasurer**  
Title of Officer

STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

**STOP**  
PLEASE READ  
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>71332</b>		2. Name of Corporation <b>HNTB RHODE ISLAND, INC.</b>			
3. Street Address Principal Business Office <b>P.O. BOX 412197</b>			City <b>KANSAS CITY</b>	State <b>MO</b>	Zip <b>64141</b>
4. Business Phone No. <b>(816) 472-1201</b>		5. State of Incorporation <b>RI</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Architects and Engineers</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gregory M. Detmer</b>			Vice President Name <b>Paul A. Yarossi</b>		
Street Address <b>35 Otis Street</b>			Street Address <b>87 Smokey Ridge Road</b>		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02492</b>	City <b>Ringwood</b>	State <b>NJ</b>	Zip <b>07456</b>
Secretary Name <b>Michael E. Schuering</b>			Treasurer Name <b>Michael E. Schuering</b>		
Street Address <b>1844 N. Waterfield Lane</b>			Street Address <b>1844 N. Waterfield Lane</b>		
City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>	City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gregory M. Detmer</b>			Director Name		
Street Address <b>35 Otis Street</b>			Street Address		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02492</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class / Series	Par Value	Number of Shares	Class / Series	Par Value
<b>10,000</b>	<b>Common</b>	<b>.01</b>	<b>1,000</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: <u>2/24/03</u>
Check No.: <u>00052289</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael E. Schuering 02/21/03  
Signature of Officer Date  
**Michael E. Schuering**  
Print or Type Name of Officer  
**Secretary/Treasurer**  
Title of Officer

STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

**STOP**  
PLEASE READ  
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>71332</b>		2. Name of Corporation <b>HNTB RHODE ISLAND, INC.</b>			
3. Street Address Principal Business Office <b>P.O. BOX 412197</b>			City <b>KANSAS CITY,</b>	State <b>MO</b>	Zip <b>64141</b>
4. Business Phone No. <b>(816)472-1201</b>		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Architects &amp; Engineers</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gordon H. Slaney</b>			Vice President Name <b>Steven M. Reiss</b>		
Street Address <b>25 Barnyard Lane</b>			Street Address <b>6445 Vale Street</b>		
City <b>North Abington</b>	State <b>MA</b>	Zip <b>02351</b>	City <b>Alexandria</b>	State <b>VA</b>	Zip <b>22312</b>
Secretary Name <b>Michael E. Schuering</b>			Treasurer Name <b>Michael E. Schuering</b>		
Street Address <b>1844 N. Waterfield Lane</b>			Street Address <b>1844 N. Waterfield Lane</b>		
City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>	City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Steven M. Reiss</b>			Director Name		
Street Address <b>6445 Vale Street</b>			Street Address		
City <b>Alexandria</b>	State <b>VA</b>	Zip <b>22312</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class / Series	Par Value	Number of Shares	Class / Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>.01</b>	<b>1,000</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: <u>1-28-02</u>
Check No.: <u>41434</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE: ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael E. Schuering 01-22-02  
Signature of Officer Date  
**Michael E. Schuering**  
Print or Type Name of Officer  
**Secretary/Treasurer**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>71332</b>		2. Name of Corporation <b>HNTB RHODE ISLAND, INC.</b>			
3. Street Address Principal Business Office <b>P.O. BOX 412197</b>			City <b>KANSAS CITY,</b>	State <b>MO</b>	Zip <b>64141</b>
4. Business Phone No <b>(816) 472-1201</b>		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>7518</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Architects &amp; Engineers</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gordon H. Slaney</b>			Vice President Name <b>Steven M. Reiss</b>		
Street Address <b>25 Barnyard Lane</b>			Street Address <b>6445 Vale Street</b>		
City <b>North Abington</b>	State <b>MA</b>	Zip <b>02351</b>	City <b>Alexandria</b>	State <b>VA</b>	Zip <b>22312</b>
Secretary Name <b>Michael E. Schuering</b>			Treasurer Name <b>Michael E. Schuering</b>		
Street Address <b>1844 N. Waterfield Lane</b>			Street Address <b>1844 N. Waterfield Lane</b>		
City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>	City <b>Blue Springs</b>	State <b>MO</b>	Zip <b>64014</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Steven M. Reiss</b>			Director Name		
Street Address <b>6445 Vale Street</b>			Street Address		
City <b>Alexandria</b>	State <b>VA</b>	Zip <b>22312</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>.01</b>	<b>1,000</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/14/01

Check No.: 31295

By: KED

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Michael E. Schuering Date 02-08-01  
Print or Type Name of Officer  
**Michael E. Schuering**  
Title of Officer  
**Secretary/Treasurer**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State



James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

71332

HNTB Rhode Island, Inc.

3. Street Address Principal Business Office

P.O. Box 412197

4. Business Phone No.

(816) 472-1201

5. State of Incorporation

RHODE ISLAND

City

Kansas City

State

MO

Zip

64141

6. SIC Code

7518 541330

7. Brief Description of the Character of Business Conducted in Rhode Island

Architects & Engineers

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Gordon H. Slaney, Jr.

Street Address

25 Barnyard Lane

City

North Abington

State

MA

Zip

02351

Secretary Name

Michael E. Schuering

Street Address

1844 N. Waterfield Lane

City

Blue Springs

State

MO

Zip

64014

Vice President Name

Steven M. Reiss

Street Address

6445 Vale St.

City

Alexandria

State

VA

Zip

22312

Treasurer Name

Michael E. Schuering

Street Address

1844 N. Waterfield Lane

City

Blue Springs

State

MO

Zip

64014

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Steven M. Reiss

Street Address

6445 Vale Street

City

Alexandria

State

VA

Zip

22312

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

10,000 SHS \$.01 PAR VALUE

1,000

Common

.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 3 3 2 \*

File Date: 2-28-00

Check No.: 22262

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Michael E. Schuering Date: 2/22/00

Michael E. Schuering

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer



STATE OF RHODE ISLAND -  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

71332

2. Name of Corporation

HNTB Rhode Island, Inc.

3. Street Address Principal Business Office

P.O. Box 412197

City

Kansas City

State

MO

Zip

64141

4. Business Phone No.

(816) 472-1201

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7518

7. Brief Description of the Character of Business Conducted in Rhode Island

Architects & Engineers

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

John W. Wight, Jr.

Vice President Name

Steven M. Reiss

Street Address

11 Park Lane

Street Address

6445 Vale St.

City

Madison

State

NJ

Zip

07940

City

Alexandria

State

VA

Zip

22312

Secretary Name

Michael E. Schuering

Treasurer Name

Michael E. Schuering

Street Address

1844 N. Waterfield Lane

Street Address

1844 N. Waterfield Lane

City

Blue Springs

State

MO

Zip

64014

City

Blue Springs

State

MO

Zip

64014

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Steven M. Reiss

Director Name

Street Address

6445 Vale Street

City

Alexandria

State

VA

Zip

22312

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

10,000 SHS \$.01 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 3 3 2 \*

File Date:

2/17/98

Check No.:

586

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]

2-12-98

Signature of Officer

Date

Michael E. Schuering

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71332** 2. Name of Corporation **HNTB Rhode Island, Inc.**  
3. Street Address Principal Business Office **P.O. Box 412197** City **Kansas City** State **MO** Zip **64141**  
4. Business Phone No. **(816) 472-1201** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Architects & Engineers**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name			Vice President Name		
<b>John W. Wight, Jr.</b>			<b>Steven M. Reiss</b>		
Street Address			Street Address		
<b>11 Park Lane</b>			<b>6445 Vale St.</b>		
City	State	Zip	City	State	Zip
<b>Madison</b>	<b>NJ</b>	<b>07940</b>	<b>Alexandria</b>	<b>VA</b>	<b>22312</b>
Secretary Name			Treasurer Name		
<b>Michael E. Schuering</b>			<b>Michael E. Schuering</b>		
Street Address			Street Address		
<b>1844 N. Waterfield LANE</b>			<b>1844 N. Waterfield Lane</b>		
City	State	Zip	City	State	Zip
<b>Blue Springs</b>	<b>MO</b>	<b>64014</b>	<b>Blue Springs</b>	<b>MO</b>	<b>64014</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name			Director Name		
<b>Steven M. Reiss</b>					
Street Address			Street Address		
<b>6445 Vale St.</b>					
City	State	Zip	City	State	Zip
<b>Alexandria</b>	<b>VA</b>	<b>22312</b>			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>10,000 SHS \$0.01 PAR VALUE</b>			<b>1,000.0</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2.28.97**  
Check No.: **13120**  
By: **16P**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **Michael E. Schuering** Date: **2-26-97**  
Print or Type Name of Officer: **Michael E. Schuering**  
Title of Officer: **Secretary/Treasurer**



# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 71332		2. NAME OF CORPORATION HNTB Rhode Island, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE P.O. Box 412197		CITY Kansas City	STATE MO	ZIP CODE 64141	
4. BUSINESS PHONE NO. (816) 472-1201		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7518	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Architects & Engineers					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME John W. Wight, Jr.		VICE PRESIDENT NAME Richard L. Farnan			
STREET ADDRESS 11 Park Lane		STREET ADDRESS 4714 Holly			
CITY Madison	STATE NJ	ZIP CODE 07940	CITY Kansas City	STATE MO	ZIP CODE 64112
SECRETARY NAME Michael E. Schuering		TREASURER NAME Michael E. Schuering			
STREET ADDRESS 1844 N. Waterfield Lane		STREET ADDRESS 1844 N. Waterfield Lane			
CITY Blue Springs	STATE MO	ZIP CODE 64014	CITY Blue Springs	STATE MO	ZIP CODE 64014
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Richard L. Farnan			DIRECTOR NAME		
STREET ADDRESS 4714 Holly			STREET ADDRESS		
CITY Kansas City	STATE MO	ZIP CODE 64112	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$.01 PAR VALUE		1,000	Common	.01

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Michael E. Schuering*  
Signature of Officer

Michael E. Schuering  
Print or Type Name of Officer

Secretary/Treasurer  
Title of Officer

2/21/96  
Date

File Date:

Check No:

By:

For Secretary of State Use Only

## State of Rhode Island and Providence Plantations



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0071532

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

HNTE Rhode Island, Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

N/A

Brief statement of the character of business conducted in Rhode Island:  
Architect and Engineering Consulting

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

C T Corporation System

123 Dyer St.

Providence, RI 02903

Phone: ( )

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
John W. Wight, Jr.	11 Park Lane	Madison, NJ	07940
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard L. Farnan	4714 Holly	Kansas City, MO	64112
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Kendall T. Lincoln	6324 Dearborn Dr.	Mission, KS	66202
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Kendall T. Lincoln	6324 Dearborn Dr.	Mission, KS	66202

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard L. Farnan	\$&!\$ Holly	Kansas City, MO	64112
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Number of Shares Class / Series

10,000 Common

10,000 Common

Date February 23rd, 1995

By:

Kendall T. Lincoln  
Kendall T. Lincoln

PRINT OR TYPE NAME OF OFFICER SIGNING Secretary/Treasurer

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM  
123 DYER STREET  
PROVIDENCE RI 02903

FILED

FEB 28 1995

By W 17554

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE OR PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277 3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0071332 Annual Report for the year: 1994

Name of Business Entity: HNTB Rhode Island, Inc.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

N/A

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

C.T. Corporation System

123 Dyer St.

Providence, RI 02903

Phone: ( )

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

John S. Watson, Tax Manager

P.O. Box 412197

Kansas City, MO 64141

Brief statement of the character of business conducted in Rhode Island

Date of Organization: 1/14/93

Date of Qualification to do business in Rhode Island (if foreign entity)

N/A

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>John W. Wight, Jr.</u>	<u>11 Park Lane</u>	<u>Madison, NJ</u>	<u>07940</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>Richard L. Farnan</u>	<u>4714 Holly</u>	<u>Kansas City, MO</u>	<u>64112</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Kendall T. Lincoln</u>	<u>6324 Dearborn Rd.</u>	<u>Mission, KS</u>	<u>66202</u>
<input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Kendall T. Lincoln</u>	<u>6324 Dearborn Rd.</u>	<u>Mission, KS</u>	<u>66202</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Richard L. Farnan</u>	<u>4714 Holly</u>	<u>Kansas City, MO</u>	<u>64112</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 10,000

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR .01

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR .01

**FILED**  
**FEB 22 1994**  
By [Signature]

Date February 18, 19 94

By

[Signature: Kendall T. Lincoln]

Kendall T. Lincoln

PRINT OR TYPE NAME OF OFFICER SIGNING

Secretary/Treasurer

TITLE OF OFFICER SIGNING

Form 31 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CT CORPORATION SYSTEM  
123 DYER STREET  
PROVIDENCE RI 02903