FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:54

DOCUMENT # **843556** **(2)**

1. Corporation Name
ELLERBE BECKET ARCHITECTS AND ENGINEERS, INC.

Principal Place of Business	Mailing Address
800 LASALLE AVENUE MINNEAPOLIS MN 55402	800 LASALLE AVENUE MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1979**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **41-1347451** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	S/D	☒ Change ☐ Addition
NAME	DEGENHARDT, ROBERT A	12 NAME		
STREET ADDRESS	800 LASALLE AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP		
TITLE	CFO	21 TITLE		☐ Change ☐ Addition
NAME	SYKES, DARRELL E.	22 NAME		
STREET ADDRESS	800 LASALLE AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	BOE, ROGER W	32 NAME		
STREET ADDRESS	800 LASALLE AVE	33 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS MN	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	DEBRUIN, ROBERT E.	42 NAME		
STREET ADDRESS	800 LASALLE AVE	43 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS MN	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	ESSER, JAMES A	52 NAME		
STREET ADDRESS	800 LASALLE AVE	53 STREET ADDRESS		
CITY ST ZIP	MINNEAPOLIS MN	54 CITY ST ZIP		
TITLE		61 TITLE	P/D	☐ Change ☒ Addition
NAME		62 NAME	Jack L. Hunter	
STREET ADDRESS		63 STREET ADDRESS	800 Lasalle Avenue	
CITY ST ZIP		64 CITY ST ZIP	Minneapolis, MN 55402	

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)(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: Robert A. Degenhardt, CEO & Secretary (612) 376-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #