

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **843556** (2)
1. Corporation Name
ELLERBE BECKET ARCHITECTS AND ENGINEERS, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1979	3a. Date of Last Report 03/31/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FFI Number 41-1347451	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature typed or printed name of registered agent and date of signature

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	☐ 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	2. TITLE	☐ Change ☐ Addition
NAME	SYKES, DARRELL E.	22 NAME	CFO Position Vacant
STREET ADDRESS	800 LASALLE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	
TITLE	V	3. TITLE	☒ Change ☐ Addition
NAME	BOE, ROGER W	32 NAME	President/Director
STREET ADDRESS	800 LASALLE AVE	33 STREET ADDRESS	Rick A. Lincicome
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP	800 LaSalle Avenue
TITLE	V	4. TITLE	☒ Change ☐ Addition
NAME	DEBRUIN, ROBERT E.	42 NAME	Sr. V.P./Director
STREET ADDRESS	800 LASALLE AVE	43 STREET ADDRESS	Randy W. Wood
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP	800 LaSalle Avenue
TITLE	V	5. TITLE	☒ Change ☐ Addition
NAME	ESSER, JAMES A	52 NAME	Robert E. DeBruin
STREET ADDRESS	800 LASALLE AVE	53 STREET ADDRESS	800 LaSalle Avenue
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	PD	6. TITLE	☒ Change ☐ Addition
NAME	HUNTER, JACK L.	62 NAME	William D. Chilton
STREET ADDRESS	800 LASALLE AVENUE	63 STREET ADDRESS	800 LaSalle Avenue
CITY-ST-ZIP	MINNEAPOLIS MN	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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

Day/Date/Phone #

CR2E034 (12/95)