
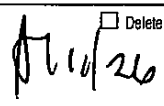
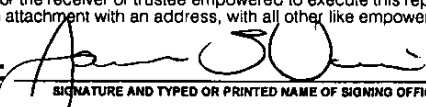


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F93000003818					
1. Entity Name STANTEC CONSULTING CORPORATION					
Principal Place of Business 12034 134TH CT. NE STE 102 REDMOND, WA 98052 US			Mailing Address PO BOX 230 REDMOND, WA 98073 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VAIS, JAMES L 12034 134TH CT NE STE 102 REDMOND, WA 98073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600138284256 11/26/08--01025--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR <input checked="" type="checkbox"/> Delete SHUFFLETON, MARGARITE 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard K. Allen 141 PORTLAND ST BOSTON MA 02114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Delete BAUMGARDNER, JAMES 12034 134TH CT NE., SUITE 102 REDMOND, WA 98052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANK ACETO 102 PICKERING WAY STE 200 EXTON PA 19341	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRANCESCHINI, ANTHONY P 10160 112TH ST EDMONTON, ALBERTA, CA T5K 2I6		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LLOYD, JEFFREY 10160 112TH ST EDMONTON, ALBERTA, CA T5K 2I6		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JAMES VAIS Vice President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/20/08 (425) 312-1600 <small>Date Daytime Phone #</small>		

FILED
08 NOV 26 PM 12:23
TALLAHASSEE, FLORIDA



11182008 Chg-P CR2E034 (12/06)

4. FEI Number **33-0385098** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**