

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005948

FILED
Feb 01, 2011
Secretary of State

Entity Name: STANTEC CONSULTING SERVICES INC.

Current Principal Place of Business:

10160 - 112 STREET
SUITE 200
EDMONTON, AB T5K 2L6 CN

New Principal Place of Business:

Current Mailing Address:

10160 - 112 STREET
SUITE 200
EDMONTON, AB T5K 2L6 CN

New Mailing Address:

FEI Number: 11-2167170 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL FL32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GOMES, ROBERT J
Address: 200, 10160 - 112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 CN

Title: COO
Name: ALLEN, RICHARD K
Address: 200, 10160 -112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 US

Title: TRES
Name: LEFAIVRE, DANIEL J
Address: 200, 10160 - 112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 CN

Title: PRIN
Name: LONG, JERRY
Address: 200, 10160 - 112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 CN

Title: SEC
Name: ADDISON, JENNIFER A.I.
Address: 200, 10160 - 112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 CN

Title: VP
Name: ALPERN, PAUL J.D.
Address: 200, 10160 - 112 STREET
City-St-Zip: EDMONTON, AB T5K 2L6 CN

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: JENNIFER A.I. ADDISON

SEC

02/01/2011

Electronic Signature of Signing Officer or Director

_____ Date