

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 047 ***150.00

DOCUMENT # F03000003293	
1. Entity Name KPFF, INC.	

Principal Place of Business 1601 FIFTH AVENUE, SUITE 1600 SEATTLE WA 98101	Mailing Address 1601 FIFTH AVENUE, SUITE 1600 SEATTLE WA 98101
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 91-0755897	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CITICORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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.

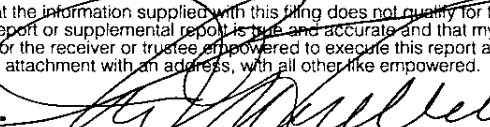
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ASHER, JEFFERSON 6080 CENTER DRIVE, SUITE 300 LOS ANGELES CA 90045 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAWRESEY, JOHN 1601 FIFTH AVENUE, SUITE 1600 SEATTLE WA 98101 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WATSON, WADE 101 STEWART STREET, SUITE 800 SEATTLE WA 98101 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IBOSHI, RALPH 1601 FIFTH AVENUE, SUITE 1600 SEATTLE WA 98101 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, ART 111 S.W. FIFTH AVENUE, SUITE 2500 PORTLAND OR 97204 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gafer Gafer ☐ Change ☒ Addition 111 SW 5th Ave, Suite 2500 Portland, OR 97204 (director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Press (director) ☒ Addition 1160 Battery St., Suite 300 San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2/17/04 206-622-5822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #