
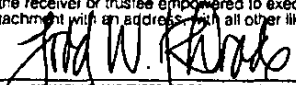


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/1

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90003 006 \*\*\*150.00

<b>DOCUMENT # F07000001942</b>					
1. Entity Name <b>STANTEC PLANNING AND LANDSCAPE ARCHITECTURE PC</b>					
Principal Place of Business <b>200, 10160- 112 ST. EDMONTON, ALBERTA T5K 2L6,</b>			Mailing Address <b>200, 10160- 112 ST. EDMONTON, ALBERTA T5K 2L6,</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-8672158</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALTON, DONALD D 200, 10160- 112 ST. EDMONTON, ALBERTA T5K 2L6. <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Principal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen Plunkard 54 Route 106 PO Box 29 North Spring Field, VT 05150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Todd Rhoads <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2590 Venture Oaks Way Sacramento, CA 95833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jerry Regenbogen 2127 Ayrsley Town Blvd., Suite 300 Charlotte, NC 28273 <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	Secretary Cary Baird <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7251 W Charleston Blvd. Las Vegas, NV 89117	
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: 		TOOD W. RHOADS		6-5-08 (916) 569-2503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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06042008 Chg-P CR2E034 (12/06)