2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ANKROM MOISAN ASSOCIATED ARCHITECTS, INC.

Current Principal Place of Business:

6720 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97219

New Principal Place of Business:

Current Mailing Address:

6720 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97219

New Mailing Address:

FEI Number: 93-1014387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: ANKROM, STEWART
Address: 6720 SW MACADAM AVENUE
City-St-Zip: PORTLAND, OR 97219

Title: VD
Name: BOWERY, KAREN
Address: 6720 SW MACADAM AVENUE
City-St-Zip: PORTLAND, OR 97219

Title: SD
Name: MOISAN, TOM
Address: 6720 SW MACADAM AVENUE
City-St-Zip: PORTLAND, OR 97219

Title: D
Name: HAMILTON, JEFF
Address: 6720 SW MACADAM AVENUE, SUITE 100
City-St-Zip: PORTLAND, OR 97219

Title: D
Name: HEATER, DAVID
Address: 6720 SW MACADAM AVE. #100
City-St-Zip: PORTLAND, OR 97219

Title: D
Name: ROTH, JAMIE
Address: 6720 SW MACADAM AVE. #100
City-St-Zip: PORTLAND, OR 97219

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: JAMIE ROTH D 01/04/2010

Electronic Signature of Signing Officer or Director — Date