2001 UNIFORM BUSINESS REPORT (UBR) FILED P2896 May 17, 2001 8:00 am Secretary of State DOCUMENT# 1. Entity Name Anchitects + Engineers, Inc. Opus 05-17-2001 91289 003 ***150.00 Principal Place of Business Mailing Address 3. Mailing Address 2. Principal Place of Business Box 59110 Bren Road West Po 10350 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City-& State-City & State 4. FEI Number... Applied For_ Minnetonka Minneapolis Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 55343 Hennepin Fee Required 5545**9** - 0110 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Corporation Service Street Address (P.O. Box Number is Not Acceptable) 1501 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Sr Vice President ■ Addition TITLE TITLE ☐ Delete Dennis Neu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Minnesonka Addition Secretor y ☐ Change ☐ Delete TITLE John Albers NAME 10350 Bran Rd West STREET ADDRESS STREET ADDRESS Mimetonka, MN CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change ☐ Addition TITLE TITLE ☐ Delete Larry Everson 1050 Bren Rd wast NAME NAME STREET ADDRESS STREET ADDRESS Mineroales, MN 55343 CITY-ST-ZIP CITY-ST-7IF ☐ Addition Vice President Change ☐ Delete TITLE Pricillia Borcley NAME STE 900 9700 W Higg As STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE Ron Schifer 1 NAME NAME Brin Rd WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an officer or the receiver of the corporation of the receiver or trustee empowered. SIGNATURE: