

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300006928

Entity Name: NORTON & SCHMIDT CONSULTING ENGINEERS, LLC

Current Principal Place of Business:

311 E. 11TH AVE. NORTH
KANSAS CITY, MO 64116

Current Mailing Address:

311 E. 11TH AVE. NORTH
KANSAS CITY, MO 64116

FEI Number: 01-0552618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title MGR
Name RATKEWICZ, ANDREW T S P.E. PH
Address 8117 NW FOREST DIVE
City-State-Zip: KANSAS CITY MO 64152

Title MGR
Name NELSEN, DAVID J P.E.
Address 10203 DLEMAR
City-State-Zip: OVERLAND PARK KS 66207

Title MGR
Name SOMMER, RODNEY W P.E.
Address P.O. BOX 1032
City-State-Zip: KEARNEY MO 64060

Title MGR
Name HUTSON, EDWARD P JR
Address 729 NW SILVER RIDGE DR.
City-State-Zip: LEE'S SUMMIT MO 64081

Title MGR
Name SCHWABAUER, WARREN D JR, PE
Address 11633 W. 101ST STREET
City-State-Zip: OVERLAND PARK KS 66214

Title MANAGER
Name FEHNER, LAURENCE C
Address 13313 MT. OLIVET
City-State-Zip: SMITHVILLE MO 64089

Title MANAGER
Name DORAU, DAVID A
Address 8326 GREENWOOD CIRCLE
City-State-Zip: LENEXA KS 66215

Title MANAGER
Name MEIERS, PAUL H
Address 9409 ROBINSON
City-State-Zip: OVERLAND PARK KS 66212

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURENCE C. FEHNER

MANAGING PARTNER

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name STROBACH, WILLIAM F
Address 502 OAK DRIVE
City-State-Zip: RAYMORE MO 64083

Title MANAGER
Name DURRE, GARTH L
Address 5312 N. MAIN STREET
City-State-Zip: KANSAS CITY MO 64118

Title MANAGER
Name SCHWABAUER, BRANDON S
Address 12211 S. GALLERY STREET
City-State-Zip: OLATHE KS 66062

Title MANAGER
Name KELLY, CLARK T
Address 1366 WILDBRIAR DRIVE
City-State-Zip: LIBERTY MO 64068

Title MANAGER
Name PHILLIPS, EDWARD H
Address 14928 S. SUMMIT STREET
City-State-Zip: OLATHE KS 66062