

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000017450

Entity Name: RIM ARCHITECTS, LLC**Current Principal Place of Business:**645 G STREET
SUITE 400
ANCHORAGE, AK 99501**Current Mailing Address:**645 G STREET
SUITE 400
ANCHORAGE, AK 99501 US**FEI Number:** 26-3991865**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 MANAGER, MEMBER
Name WIESE, BRENT
Address 316 HERNAN CORTES
SUITE 300
City-State-Zip: HAGATNA 96910

Title MANAGER, MEMBER
Name AIKEN, DANA
Address 191 E. MAIN ST
SUITE 2D
City-State-Zip: TUSTIN CA 92780

Title MANAGER, MEMBER
Name EBERT, EDDIE
Address 55 MERCHANT ST
SUITE 1400
City-State-Zip: HONOLULU HI 96813

Title MANAGER, MEMBER
Name DOUGHERTY, JAMES
Address 645 G STREET
SUITE 400
City-State-Zip: ANCHORAGE AK 99501

Title MANAGER
Name HUNTER, CHRIS
Address 455 PHILLIP ST
City-State-Zip: WATERLOO ON N2L 3X2

Title MANAGER, MEMBER
Name MCVEIGH, DAVID
Address 645 G STREET
SUITE 400
City-State-Zip: ANCHORAGE AK 99501

Title SOLE MEMBER
Name GHD INC.
Address 320 GODDARD WAY
SUITE 200
City-State-Zip: IRVINE CA 92618

Title MANAGER, MEMBER
Name CASH, LARRY
Address 645 G STREET
SUITE 400
City-State-Zip: ANCHORAGE AK 99501

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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: JANE SAUER**AUTHORIZED
REPRESENTATIVE****02/04/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name RAY, LINDSAY
Address 455 PHILLIP STREET
City-State-Zip: WATERLOO ON N2L 3X2

Title MANAGER, MEMBER
Name JONES, MICHELLE
Address ONE CALIFORNIA STREET
SUITE 1450
City-State-Zip: SAN FRANCISCO CA 94111

Title MANAGER
Name SADASIVAN, SRI
Address 320 GODDARD
#200
City-State-Zip: IRVINE CA 92618

Title AUTHORIZED REPRESENTATIVE
Name SAUER, JANE
Address 645 G STREET
SUITE 400
City-State-Zip: ANCHORAGE AK 99501

Title MANAGER, MEMBER
Name INADOMI, MATTHEW
Address ONE CALIFORNIA STREET,
SUITE 1450
City-State-Zip: SAN FRANCISCO CA 94111

Title MANAGER, MEMBER
Name KLOUDA, MICHELLE
Address 645 G STREET
SUITE 400
City-State-Zip: ANCHORAGE AK 99501

Title MANAGER
Name WHITON, TED
Address 2235 MERCURY WAY
SUITE 150
City-State-Zip: SANTA ROSA CA 95407