

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003130

Entity Name: SHORT-ELLIOTT-HENDRICKSON, INCORPORATED**Current Principal Place of Business:**3535 VADNAIS CENTER DRIVE
ST. PAUL, MN 55110**Current Mailing Address:**3535 VADNAIS CENTER DRIVE
ST. PAUL, MN 55110 US**FEI Number:** 41-1251208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title PRESIDENT, CEO
Name CLAASSEN, SAM L.
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST PAUL MN 55110

Title DIRECTOR
Name KEITH, KERRY
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title DIRECTOR
Name KRAMER, ALLYZ
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title SECRETARY
Name WELLS, PAUL
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title TREASURER, CFO, AUTHORIZED
 PERSON
Name FRASER, JAMES A.
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST PAUL MN 55110

Title DIRECTOR
Name ELLIS, ROBERT
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title DIRECTOR
Name DAVIS , BRIAN
Address 10700 CAMBRIDGE COURT
City-State-Zip: BURNSVILLE MN 55337

Title VC
Name LANGE, SCOTT
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

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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 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: JAMES A. FRASER**CHIEF FINANCIAL
OFFICER****01/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NELSON, BROCK
Address 640 JACKSON STREET
City-State-Zip: ST. PAUL MN 55101

Title DIRECTOR
Name COHRS, ROBERT
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title VP
Name BROSES, MARK D.
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title DIRECTOR
Name SIMONS, DAVE
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title VP
Name EKOLA, TRACY
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

Title VP
Name SIMMER, JOHN
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110