**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 14, 2020**
**Secretary of State**
**1483179609CC**

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, CHAIRMAN |
| Name | OTT, DAVID E. |
| 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 |

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|---|---|
| Title | VC |
| Name | COHRS, BOB |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |

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

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

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

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

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

**Continues on page 2**

*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 TREASURER 01/14/2020

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

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

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|---|---|
| Title | DIRECTOR |
| Name | HINIKER, CHRIS |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |

| | |
|---|---|
| Title | ASSISTANT VICE PRESIDENT FOR ARCHITECTURE |
| Name | FRANK, TREVOR |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |

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

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

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|---|---|
| Title | ASSISTANT VICE PRESIDENT FOR ARCHITECTURE |
| Name | BLANK, SCOTT |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |

| | |
|---|---|
| Title | ASSISTANT VICE PRESIDENT FOR ARCHITECTURE |
| Name | PEDERSEN, JEFFREY |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |

| | |
|---|---|
| Title | OUTSIDE DIRECTOR |
| Name | SCHULTES, KRISTIN |
| Address | 3535 VADNAIS CENTER DRIVE |
| City-State-Zip: | ST. PAUL MN 55110 |