

2017 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
Name CLAASSEN, SAM
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 OLSON, BRUCE
Address 3535 VADNAIS CENTER DRIVE
City-State-Zip: ST. PAUL MN 55110

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

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

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

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

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

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 FRASER**CHIEF FINANCIAL
OFFICER****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date