2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2016
Secretary of State
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Entity Name: CUNINGHAM GROUP ARCHITECTURE, INC.

Current Principal Place of Business:

201 MAIN STREET SE
SUITE 325
MINNEAPOLIS, MN 55414

Current Mailing Address:

201 MAIN STREET SE
SUITE 325
MINNEAPOLIS, MN 55414

FEI Number: 41-1456525

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

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	DUFAULT, TIMOTHY J
Address	201 MAIN STREET SE STE 325
City-State-Zip:	MINNEAPOLIS MN 55414

Title	VP, DIRECTOR
Name	HOSKENS, THOMAS L
Address	201 MAIN STREET SE STE 325
City-State-Zip:	MINNEAPOLIS MN 90292

Title	VP, DIRECTOR
Name	LOWE, DOUGLAS A
Address	8665 HAYDEN PLACE
City-State-Zip:	CULVER CITY CA 90232

Title	DIRECTOR
Name	SCHOENECK, JEFFREY
Address	201 MAIN STREET SE SUITE 325
City-State-Zip:	MINNEAPOLIS MN 55414

Title	CFO
Name	OBERT, KAREN
Address	201 MAIN STREET SE SUITE 325
City-State-Zip:	MINNEAPOLIS MN 55414

Title	CHAIRMAN OF THE BOARD, DIRECTOR
Name	SCHEIDEL, JAMES S
Address	8665 HAYDEN PLACE
City-State-Zip:	CULVER CITY CA 90232

Title	SECRETARY
Name	KIPP, ROGER W
Address	201 MAIN STREET SE STE 325
City-State-Zip:	MINNEAPOLIS MN 55414

Title	DIRECTOR
Name	TEMPAS, BRIAN D
Address	201 MAIN STREET SE SUITE 325
City-State-Zip:	MINNEAPOLIS MN 55414

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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: TIMOTHY J DUFAULT PRESIDENT 03/08/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRENNAN, LEE
Address	8665 HAYDEN PLACE
City-State-Zip:	CULVER CITY CA 90232

Title	DIRECTOR
Name	FEICHTNER, AMELIA
Address	8665 HAYDEN PLACE
City-State-Zip:	CULVER CITY CA 90232