



BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

NAME OF BUSINESS CORPORATION: Alta Planning + Design, Inc.

SECRETARY OF STATE ID NUMBER: 1366768 STATE OF FORMATION: CA

REPORT FOR THE FISCAL YEAR END: 12/31/2023

Filing Office Use Only
E - Filed Annual Report
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2/16/2024 11:59
<input checked="" type="checkbox"/> Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY	4. REGISTERED AGENT OFFICE MAILING ADDRESS
<u>2626 Glenwood Ave Ste 550</u>	<u>2626 Glenwood Ave Ste 550</u>
<u>Raleigh, NC 27608 Wake County</u>	<u>Raleigh, NC 27608</u>

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Professional Services-Non-motorized transportation planning & design

2. PRINCIPAL OFFICE PHONE NUMBER: 5032309862 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>101 SW Main St. Suite 2000</u>	<u>101 SW Main St. Suite 2000</u>
<u>Portland, OR 97204</u>	<u>Portland, OR 97204</u>

6. Select one of the following if applicable. (Optional see instructions)

- The company is a veteran-owned small business
- The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: <u>Brett Hondorp</u>	NAME: <u>Charul Doshi</u>	NAME: <u>Emily Duchon</u>
TITLE: <u>President</u>	TITLE: <u>Treasurer</u>	TITLE: <u>Vice President</u>
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>101 SW Main St. Suite 2000</u>	<u>101 SW Main St. Suite 2000</u>	<u>101 SW Main St. Suite 2000</u>
<u>Portland, OR 97204</u>	<u>Portland, OR 97204</u>	<u>Portland, OR 97204</u>

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

<u>Joe Gilpin</u>	<u>2/16/2024</u>
SIGNATURE	DATE

Form must be signed by an officer listed under Section C of this form.

<u>Joe Gilpin</u>	<u>Secretary</u>
Print or Type Name of Officer	Print or Type Title of Officer

SECTION E: ADDITIONAL OFFICERS

NAME: Joe Gilpin

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Joe Gilpin

TITLE: Secretary

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Katie Mangle

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Michael Renshaw

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Matt Hayes

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Mike Rose

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Natalie Lozano

TITLE: Vice President

ADDRESS: _____

101 SW Main St. Suite 2000

Portland, OR 97204

NAME: Steven Frieson

TITLE: Vice President

ADDRESS: 111 E. Chapel Hill St.

SUITE 200

Durham, NC 27701

NAME: _____

TITLE: _____

ADDRESS: _____

NAME: _____

TITLE: _____

ADDRESS: _____

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