



BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

NAME OF BUSINESS CORPORATION: Stantec Consulting Services Inc.

SECRETARY OF STATE ID NUMBER: 0411192 STATE OF FORMATION: NY

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

Filing Office Use Only
E - Filed Annual Report
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4/3/2024 04:27
<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 Avenue,</u>	<u>2626 Glenwood Avenue,, Suite 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: Planning, Engineering, Land Surveying, Soil Science and Landscape Architecture, Geology and Soil Science

2. PRINCIPAL OFFICE PHONE NUMBER: 8009279800 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>410 17TH STREET, SUITE 1400</u>	<u>300-10220 103 AVENUE NW</u>
<u>DENVER, CO 00000</u>	<u>EDMONTON, AB T5J 0K4, XX</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>GORDON A JOHNSTON</u>	NAME: <u>CHRISTOPHER O HEISLER</u>	NAME: <u>THERESA JANG</u>
TITLE: <u>President</u>	TITLE: <u>Secretary</u>	TITLE: <u>Treasurer</u>
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>300-10220 103 AVENUE NW</u>	<u>300-10220 103 AVENUE NW</u>	<u>300-10220 103 AVENUE NW</u>
<u>EDMONTON, AB T5J 0K4, XX</u>	<u>EDMONTON, AB T5J 0K4, XX</u>	<u>EDMONTON, AB T5J 0K4, XX</u>

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

<u>CHRISTOPHER O HEISLER</u>	<u>4/3/2024</u>
_____ SIGNATURE	_____ DATE

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

<u>CHRISTOPHER O HEISLER</u>	<u>Secretary</u>
_____ Print or Type Name of Officer	_____ Print or Type Title of Officer