



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 24052		2. Name of Corporation Ellerbe Becket, Inc.			
3. Street Address Principal Business Office 800 LaSalle Ave.			City Mpls.	State MN	Zip 55402
4. Business Phone No. 612-376-2000		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Architecture and Engineering Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rick A. Lincicome			Vice President Name Randy W. Wood		
Street Address 800 LaSalle Ave.			Street Address 800 LaSalle Ave.		
City Mpls.	State MN	Zip 55402	City Mpls.	State MN	Zip 55402
Secretary Name Michael P. Katz			Treasurer Name Gregory C. Anderson		
Street Address 800 LaSalle Ave.			Street Address 800 LaSalle Ave.		
City Mpls.	State MN	Zip 55402	City Mpls.	State MN	Zip 55402
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rick A. Lincicome			Director Name Jeffrey C. Frush		
Street Address 800 LaSalle Ave.			Street Address 800 LaSalle Ave.		
City Mpls.	State MN	Zip 55402	City Mpls.	State MN	Zip 55402
Director Name Randy W. Wood			Director Name		
Street Address 800 LaSalle Ave.			Street Address		
City Mpls.	State MN	Zip 55402	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50 Common No Par Value			50	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 1 2008
By:	53505
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **Michael P. Katz** Date **1-29-08**
Print or Type Name
VP/Secretary
Title