STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Matthew A. Brown, Secretary of State*
*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401.222 3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

***Filing Period: January 1 - March 1 • Filing Fee: $50.00***

*(FORM MUST BE TYPED IN BLACK)*

| 1. Corporate ID No | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 140511 | S. E. Consultants, Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 5800 E. Thomas Rd., Ste 104 | | Scottsdale | Arizona | 85251 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 480-946-2010 | Arizona | | | 7518 |

7. Brief Description of the Character of Business Conducted in Rhode Island

Provide structural engineering

**8. NAMES AND ADDRESSES OF THE OFFICERS** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Richard N. Keizer | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Steven W. Schaub | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Steven W. Schaub | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Richard N. Keizer | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

**9. NAMES AND ADDRESSES OF THE DIRECTORS** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Richard N. Keizer | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Steven W. Schaub | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Quinton C. Kubicek | 5800 E. Thomas Rd., #104 | Scottsdale | Arizona | 85251 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**10. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* | *Number of Shares* | *Class/Series* | *Par Value* |
| 100,000 | Common | None | 1,000 | Common | None |
| | | | | | |

*This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [redacted]

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 of Officer* — *Date* 8/15/05

Steven W. Schaub
*Print or Type Name of Officer*

Vice President
*Title of Officer*

[redacted]

*File Date* 8/16/05
*Check No.* 10788
*By:* DA
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

8/15/05 15:01:10

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**8. NAMES AND ADDRESSES OF THE OFFICERS** *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| | | | Quinton C. Kubicek | | |
| Street Address | | | Street Address | | |
| | | | 5800 E. Thomas Rd., #104 | | |
| City | State | Zip | City | State | Zip |
| | | | Scottsdale | Arizona | 85251 |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**9. NAMES AND ADDRESSES OF THE DIRECTORS** *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**10. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | | | | |
| | | | | | |

*This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

Attachment

FILED
AUG 16 2005
By DA

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.

8/15/05
*Signature of Officer* *Date*

Steven W. Schaub
*Print or Type Name of Officer*

Vice President
*Title of Officer*

*File Date*

*Check No.*

*By:*

FOR SECRETARY OF STATE USE ONLY

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