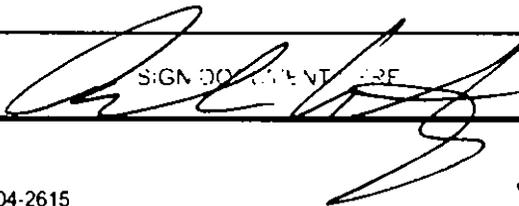




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1341365		2. Exact name of the Corporation Miller Consulting Engineers, Inc			
3. Principal Office Address 9570 SW Barbur Blvd STE 100			City Portland	State OR	Zip 97219
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Structural engineering services			
5. State of Incorporation Oregon					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin McCormick			Vice-President Name		
Street Address 21317 SW Imperial St			Street Address		
City Aloha	State OR	Zip 97006	City	State	Zip
Secretary Name Ronald Vandehey			Treasurer Name Eric Watson		
Street Address 5985 SW 179th Ave			Street Address 10635 SW Lady Marion Dr		
City Aloha	State OR	Zip 97007	City Tigard	State OR	Zip 97224
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lane Jobe			Director Name Andrew Leichty		
Street Address 143 NE 20th Dr			Street Address 8835 SW Bellflower		
City Hillsboro	State OR	Zip 97124	City Tigard	State OR	Zip 97224
Director Name Paul Albertine			Director Name		
Street Address 5578 SE Del Rio St			Street Address		
City Hillsboro	State OR	Zip 97123	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SF/RF/S
			PAR VALUE		
			5785		10 . 00
11. 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. 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.					
Name of Authorized Representative Andrew Leichty PE, SE				Date 01/25/2019	
Signature of Authorized Representative 				FILED	

RECEIVED STATE SECRETARY OF CORPORATIONS DIV
 JAN 30 AM 10:45

JAN 30 2019
 BY **W5FFI** FORM 630 - Revised: 10/2017
A.A. 10:45 A.M.