

|  |             |   |             |   |         |             |  |
|--|-------------|---|-------------|---|---------|-------------|--|
| No. <b>W 114105</b>  |             | Due no later than May 31, 2015  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ZGF ARCHITECTS LLC<br>BONNIE CRAWFORD<br>1223 SW WASHINGTON ST STE 200<br>PORTLAND OR 97205<br>USA |             | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE 83705 |         |             |  |
|  |             |   |             | 3. <u>New</u> Registered Agent Signature:*                      |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |             |   |             |   |         |             |  |
| Office Held  | Name        | Street or PO Address  | City        | State   | Country | Postal Code |  |
| MANAGER  | TED A HYMAN | 515 FLOWER STREET SUITE 3700  | LOS ANGELES | CA  | USA     | 90071       |  |
| 5. Organized Under the Laws of:<br><br><b>OH<br/>W 114105</b>  |             | 6. Annual Report must be signed.*<br>Signature: Bonnie Crawford<br>Name (type or print): Bonnie Crawford  |             |   |         |             |  |
|  |             | Date: 03/31/2015<br>Title: Controller   |             |   |         |             |  |
| Processed 03/31/2015   |             | * Electronically provided signatures are accepted as original signatures.   |             |   |         |             |  |