

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003824

**FILED**  
**Apr 16, 2020**  
**Secretary of State**  
**6150731015CC**

**Entity Name:** ALTA PLANNING + DESIGN, INC.

**Current Principal Place of Business:**

711 SE GRAND AVENUE  
PORTLAND, OR 97214

**Current Mailing Address:**

711 SE GRAND AVENUE  
PORTLAND, OR 97214 US

**FEI Number:** 68-0465555

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, VP, TREASURER  
Name MANGLE, KATHRYN  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR, VP  
Name COCK, JOHN  
Address 508 W. 5TH ST,  
SUITE 100  
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR, VP  
Name DURRANT, STEVEN  
Address 1402 THIRD AVENUE  
SUITE 206  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR, VP  
Name GILPIN, JOE  
Address 5337 PARK AVENUE  
City-State-Zip: TUSCALOOSA AL 35406

Title PRESIDENT, DIRECTOR  
Name HONDORP, BRETT  
Address 304 12TH ST.  
SUITE 2A  
City-State-Zip: OAKLAND CA 94607

Title CEO, DIRECTOR  
Name HUDSON, GEORGE  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR, VP, FOUNDER  
Name JONES, MICHAEL  
Address 4875 PARADISE DRIVE  
City-State-Zip: TIBURON CA 94920

Title CORPORATE SECRETARY, VP,  
DIRECTOR  
Name LOZANO, NATALIE  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN SULLIVAN

**VICE PRESIDENT AS  
DULY AUTHORIZED**

**04/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name HAYES, MATTHEW  
Address 111 E. CHAPEL HILL STREET  
STE. 100  
City-State-Zip: DURHAM NC 27701

Title VICE PRESIDENT AND CHIEF FINANCIAL AND  
ADMINISTRATIVE OFFICER, DIRECTOR  
Name SULLIVAN, CAROLYN  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR, VP  
Name ROSE, MICHAEL  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title VP, DIRECTOR  
Name MAHER, GREG  
Address 617 W. 7TH ST.  
SUITE 1103  
City-State-Zip: LOS ANGELES CA 90017