

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90091 014 \*\*\*150.00

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DOCUMENT # **F02000001289**



1. Entity Name  
**EINHORN YAFFEE PRESCOTT, ARCHITECTURE & ENGINEERING, P.C.**

Principal Place of Business  
**ARGUS BLDG., BROADWAY AT BEAVER  
P.O. BOX 617  
ALBANY NY 12201**

Mailing Address  
**1000 POTOMAC STREET NW. (C CHAPMAN)  
WASHINGTON DC 20007**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 617 (FINANCE)**  
Suite, Apt. #, etc.

City & State  
**ALBANY NY**

City & State  
**ALBANY NY**

Zip Country  
**12201-0617 USA**

4. FEI Number **14-1830504**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003. Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STEPHENS, CAHAL 24 SCHOOL STREET BOSTON MA 02108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WONG, ANDREW 440 PARK AVENUE SOUTH NEW YORK NY 10016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BIRDSEY, TOM D BROADWAY AT BEAVER, P.O. BOX 617 ALBANY NY 12201-0617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOHLBERG, EDMUND F BROADWAY AT BEAVER, P.O. BOX 617 ALBANY NY 12201-0617</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD EINHORN, STEVEN L BROADWAY AT BEAVER, P.O. BOX 617 ALBANY NY 12201-0617</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BONELLI, LOUIS A BROADWAY AT BEAVER, P.O. BOX 617 ALBANY NY 12201-0617</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIRBY, CHARLES J. 24 SCHOOL STREET BOSTON MA 02108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENNIS, MARIE T. 440 PARK AVENUE SOUTH NEW YORK NY 10016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIFFORD, RALPH S. 24 SCHOOL STREET BOSTON MA 02108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tom Gifford** **7/10/03** **618-431-3361**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (4/03)

90146736 Attachment  
#FO2000001289

eypae.com

Einhorn Yaffee Prescott  
Architecture & Engineering P.C.  
The Argus Building  
412 Broadway  
Albany, NY 12201  
Telephone 518 431 3300  
Fax 518 431 3333

July 10, 2003

EINHORN/YAFFEE/PRESCOTT

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

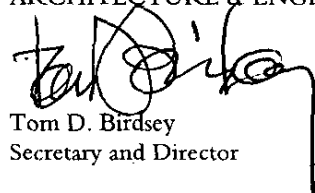
Re: Request for Late Fee Waiver

Dear Sir or Madam:

This is to advise that our Corporation, Einhorn Yaffee Prescott A&E, P.C., did not receive a prior notice regarding the filing of our 2003 Uniform Business Report. I respectfully request that the \$400.00 late fee be waived. A check for the original \$150.00 filing fee accompanies our enclosed 2003 Uniform Business Report.

Sincerely,

EINHORN YAFFEE PRESCOTT  
ARCHITECTURE & ENGINEERING P.C.



Tom D. Birdsey  
Secretary and Director