

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005875
 1. Entity Name
 RICHARD E SIEGFRIED ARCHITECT INC.



Principal Place of Business: 18 NORTH MAIN STREET, CHAGRIN FALLS, OH 44022
 Mailing Address: 18 NORTH MAIN STREET, CHAGRIN FALLS, OH 44022



DO NOT WRITE IN THIS SPACE

02202004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 34-1361982 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000069486
 03/01/04-80013-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SIEGFRIED, RICHARD E
STREET ADDRESS	18 NORTH MAIN STREET
CITY-STATE-ZIP	CHAGRIN FALLS, OH 44022
TITLE	S
NAME	COCHRAN, JAMES C
STREET ADDRESS	29727 LINCOLN
CITY-STATE-ZIP	BAY VILLAGE, OH 44140
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed or on an attachment with an address, with all other like empowered.
 SIGNATURE: Richard E. Siegfried Date: 2.24.04 Daytime Phone: 440-247-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR