

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36955 (3)
1. Corporation Name
PERRY, DEAN, ROGERS & PARTNERS, ARCHITECTS INC.

Principal Place of Business Mailing Address
177 MILK ST. BOSTON MA 02109 **177 MILK ST. BOSTON MA 02109**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/31/1991	3a. Date of Last Report 11/28/1994
4. FEI Number 04-2551909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**DYER, DENNIS M.
1361 S. OCEAN BLVD., #101
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: Dennis M. Dyer DATE: 8/7/95
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROGERS, CHARLES F., II, AIA
STREET ADDRESS	11 FRIEND ST.
CITY - ST - ZIP	GLOUCESTER MA 01930
TITLE	DS
NAME	MCGUIRE, FRANCIS D., JR. AIA
STREET ADDRESS	81 PINCKNEY ST.
CITY - ST - ZIP	BOSTON MA 02114
TITLE	PD
NAME	FOOTE, STEVEN M., AIA
STREET ADDRESS	48 OLD FARM RD.
CITY - ST - ZIP	DEDHAM MA 02026
TITLE	D
NAME	RINGENBACH, PETER A. AIA
STREET ADDRESS	111 RIVER ROAD
CITY - ST - ZIP	WEST NEWBURY MA 01985
TITLE	D
NAME	MITCHELL, S. DELL, AIA
STREET ADDRESS	20 COMMONWEALTH AVE.
CITY - ST - ZIP	BOSTON MA 02116
TITLE	DV
NAME	Pilgreen, Martha A., AIA
STREET ADDRESS	16 Milford Street
CITY - ST - ZIP	Boston MA 02118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: Aug. 4th 95 6174230100

CR2E034 (3/95)