

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36955

FILED
Mar 31, 2009
Secretary of State

Entity Name: PERRY, DEAN, ROGERS & PARTNERS, ARCHITECTS INC.

Current Principal Place of Business:

177 MILK ST.
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

177 MILK ST.
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-2551909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PILGREEN, MARTHA A
Address: 16 MILFORD STREET
City-St-Zip: BOSTON, MA 02108

Title: S () Delete
Name: FOOTE, STEVEN M
Address: 11B WALNUT AVENUE
City-St-Zip: BOSTON, MA 02138

Title: D () Delete
Name: COLLIER, NED A
Address: 51 BURROUGHS STREET
City-St-Zip: BOSTON, MA 02130

Title: D () Delete
Name: BURCHARD, GREG
Address: 42 BURNHAM STREET
City-St-Zip: BELMONT, MA 02478

Title: D () Delete
Name: CHIRICO, FRANK
Address: 38 DOWNING ROAD
City-St-Zip: LEXINGTON, MA 02421

Title: D () Delete
Name: MCCARTY, TOM
Address: 39 EDMUND ROAD
City-St-Zip: MARSHFIELD, MA 02050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA A. PILGREEN

PT

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date