

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90291 007 \*\*\*550.00

0149562 AB

DOCUMENT # **P37392**

1. Entity Name

**M. ARTHUR GENSLER JR. & ASSOCIATES, INC.**



Principal Place of Business

**600 CALIFORNIA  
SAN FRANCISCO CA 94108  
US**

Mailing Address

**600 CALIFORNIA ST  
SAN FRANCISCO CA 94108  
US**



2. Principal Place of Business

**Two Harrison St.**

Suite, Apt. #, etc.

**Suite 400**

3. Mailing Address

**Two Harrison St.**

Suite, Apt. #, etc.

**Suite 400**

City & State

**San Francisco, CA**

Zip **94105**

Country **US**

City & State

**San Francisco, CA**

Zip **94105**

Country **US**

4. FEI Number

**94-1663305**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS DUCEY, DENIS <del>600 CALIFORNIA STREET</del> SAN FRANCISCO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS Denis Ducey Two Harrison St. #400 San Francisco, CA. 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD GENSLER, M. A JR. <del>600 CALIFORNIA STREET</del> SAN FRANCISCO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD ART GENSLER Two Harrison St. #400 San Francisco, CA. 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GENSLER, DRUCILLA C. <del>600 CALIFORNIA STREET</del> SAN FRANCISCO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Drucilla Gensler Two Harrison St. #400 San Francisco, CA. 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARBOUR, ANTONY 600 CALIFORNIA STREET SAN FRANCISCO CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRANT, MARJOLAINE C. <del>600 CALIFORNIA STREET</del> SAN FRANCISCO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Marjolaine Grant Two Harrison St. #400 San Francisco, CA. 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FREIDRICHS, EDWARD C, III <del>600 CALIFORNIA STREET</del> SAN FRANCISCO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Edward Friedrichs Two Harrison St. #400 San Francisco, CA. 94105</b> <input checked="" type="checkbox"/> Change <input 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 reports 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:

**Denis Ducey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-28-03**

CR2E034 (4/03)