

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003911

**Entity Name:** FOLEY DESIGN ASSOCIATES ARCHITECTS, INC.

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC2949481213**

**Current Principal Place of Business:**

950 LOWERY BLVD NW  
SUITE 21  
ATLANTA, GA 30318

**Current Mailing Address:**

950 LOWERY BLVD NW  
SUITE 21  
ATLANTA, GA 30318 US

**FEI Number: 58-1937331**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name FOLEY, WILLIAM H  
Address 950 LOWERY BLVD NW  
SUITE 21  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name THOMPSON, RONALD C  
Address 950 LOWERY BLVD NW  
SUITE 21  
City-State-Zip: ATLANTA GA 30318

Title S  
Name COLLINS, ALLEN  
Address 950 LOWERY BLVD NW  
SUITE 21  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name JENKINS, WILLIAM D  
Address 950 LOWERY BLVD NW  
SUITE 21  
City-State-Zip: ATLANTA GA 30318

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM H FOLEY**

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date