

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001214

Entity Name: SFA ARCHITECTS, INC.**Current Principal Place of Business:**300 W 4TH ST
CINCINNATI, OH 45202**Current Mailing Address:**300 W 4TH ST
CINCINNATI, OH 45202**FEI Number:** 31-1019872**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH CT N
LOXAHATCHEE, FL 33470 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 PDT
Name FERNANDEZ, E. THOMAS
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title SA
Name RADEMACHER, JOHN P
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title A
Name BREDA, DAVID
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title OTHER
Name HESTER, DAVID
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title CEO
Name FERNANDEZ, EMILIO
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title A
Name LOZIER, ANTHONY W
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title A
Name GEERS, JAMES
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title OTHER
Name MONTGOMERY, DAN
Address 300 W 4TH ST
City-State-Zip: CINCINNATI OH 45202

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: E. THOMAS FERNANDEZ**PRINCIPAL/PRESIDENT/O** 02/07/2017
WNER

Electronic Signature of Signing Officer/Director Detail

Date