

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358188

FILED
Jul 14, 2005
Secretary of State

Entity Name: RICHARD L. BOWEN A.I.A. & ASSOCIATES, ARCHITECTS & PLANNERS, INC.

Current Principal Place of Business:

13000 SHAKER BLVD
CLEVELAND, OH 44120

New Principal Place of Business:

13000 SHAKER BLVD
CLEVELAND, OH 44120 US

Current Mailing Address:

13000 SHAKER BLVD
CLEVELAND, OH 44120

New Mailing Address:

13000 SHAKER BLVD
CLEVELAND, OH 44120 US

FEI Number: 59-1304137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWEN, RICHARD L.,
Address: 5100 N OCEAN BLVD #1413
City-St-Zip: POMPANO BEACH FL,

Title: SD () Delete
Name: WILLIAMS, ETHEL,
Address: 13000 SHAKER BLVD.
City-St-Zip: CLEVELAND, OH

Title: TD () Delete
Name: LICHKO, GREG M
Address: 2600 BANK ONE CENTER
City-St-Zip: CLEVELAND, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICHARD, BOWEN L P
Address: 23000 SHAKER BLVD
City-St-Zip: CLEVELAND, OH 44120 US

Title: SD (X) Change () Addition
Name: ETHEL, WILLIAMS S T
Address: 3314 TUXEDO
City-St-Zip: PARMA, OH 44134 US

Title: TD (X) Change () Addition
Name: LICHKO, GREG M S
Address: 55 PUBLIC SQUARE
City-St-Zip: CLEVELAND, OH 44118 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD L . BOWEN

PD

07/14/2005

Electronic Signature of Signing Officer or Director

Date