

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90039 011 ***158.75

DOCUMENT # 826050

1. Entity Name
KARLSBERGER ARCHITECTURE INC.



Principal Place of Business

**99 EAST MAIN ST
COLUMBUS, OH 43215 US**

Mailing Address

**99 EAST MAIN ST
COLUMBUS, OH 43215 US**

50004180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number

31-0822139

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **WRIGHT, JUDITH A.**
STREET ADDRESS **99 E. MAIN STREET**
CITY-ST-ZIP **COLUMBUS, OH 43215**

TITLE **CD** ☐ Delete
NAME **TYNE, MICHAEL D.**
STREET ADDRESS **99 E. MAIN STREET**
CITY-ST-ZIP **COLUMBUS, OH 43215**

TITLE **PD** ☐ Delete
NAME **BARGER, RICHARD AIA**
STREET ADDRESS **99 E. MAIN STREET**
CITY-ST-ZIP **COLUMBUS, OH 43215**

TITLE **T** ☐ Delete
NAME **SATIRA, ANTHONY C.**
STREET ADDRESS **99 E. MAIN STREET**
CITY-ST-ZIP **COLUMBUS, OH 43215**

TITLE **VD** ☐ Delete
NAME **PLAPPERT, JOHN J**
STREET ADDRESS **99 EAST MAIN ST**
CITY-ST-ZIP **COLUMBUS, OH 43215**

TITLE **V** ☐ Delete
NAME **HOLDEN, JANE**
STREET ADDRESS **99 EAST MAIN ST**
CITY-ST-ZIP **COLUMBUS, OH 43215**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
NAME **Karen Moornaw Platt**
STREET ADDRESS **99 E Main St**
CITY-ST-ZIP **Columbus OH 43215**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 report 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen Moornaw Platt **Karen Moornaw Platt** 01-10-05 6144619500