
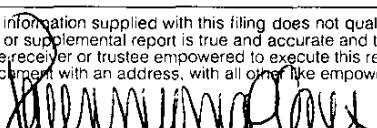


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90020 018 \*\*\*158.75

<b>DOCUMENT # 826050</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-0822139	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOOMAW PLATT, KAREN		NAME		
STREET ADDRESS	99 E. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TYNE, MICHAEL D.		NAME		
STREET ADDRESS	99 E. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARGER, RICHARD AIA		NAME		
STREET ADDRESS	99 E. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SATIRA, ANTHONY C.		NAME		
STREET ADDRESS	99 E. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PLAPPERT, JOHN J		NAME	VD Robert L Grundey	
STREET ADDRESS	99 EAST MAIN ST		STREET ADDRESS	99 E Main St	
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	Columbus OH 43215	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLDEN, JANE		NAME	VD JANE PETERS	
STREET ADDRESS	99 EAST MAIN ST		STREET ADDRESS	99 E Main St	
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	Columbus OH 43215	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: 			01-04-2008 6144619500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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01042008 Chg-P CR2E034 (12/06)