

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838040

Entity Name: SB ARCHITECTS INC.

FILED
Jul 02, 2009
Secretary of State

Current Principal Place of Business:

ONE BEACH STREET
SUITE 301
SAN FRANCISCO, CA 94133 US

New Principal Place of Business:

Current Mailing Address:

ONE BEACH STREET
SUITE 301
SAN FRANCISCO, CA 94133 US

New Mailing Address:

FEI Number: 94-1723964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: DP () Delete
Name: ELLER, JOHN F
Address: 66 GREAT CIRCLE DR
City-St-Zip: MILL VALLEY, CA 94941

Title: VP () Delete
Name: LEE, SCOTT A
Address: 519 VERMONT ST.
City-St-Zip: SAN FRANCISCO, CA 94107

Title: VP () Delete
Name: ANDRIOLA, JOSEPH A
Address: 920 MEDINA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: DUNN, KEVIN
Address: 7301 S.W. 145 TERRACE
City-St-Zip: MIAMI, FL 33158

Title: VP () Delete
Name: SOPP, MARK S
Address: 1852 STOCKTON ST
City-St-Zip: SAN FRANCISCO, CA 94133

Title: VP () Delete
Name: SPRINKLE, THOMAS E
Address: 164 PRECITA AVE
City-St-Zip: SAN FRANCISCO, CA 94110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEE, SCOTT A
Address: 509 VERMONT ST.
City-St-Zip: SAN FRANCISCO, CA 94107

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN F ELLER

Electronic Signature of Signing Officer or Director

PRES

07/02/2009

_____ Date