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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

854991

(7)

HENDERSON GROUP ARCHITECTS, INCORPORATED



Principal Place of Business Mailing Address									01011 0101		
100 S.BRENT	DERSON GROUP, INC. WOOD BLVDSTE.350	100	% THE HENDERSON GROUP, INC. 100 S.BRENTWOOD BLVDSTE.350 ST.LOUIS MO 63105								
ST.LOUIS MC	0 63105	ST.I					3. Date Incorporated or Qualified 12/16/1982	3a. Date of Last Report 05/01/1995			
2. Principal Place	ce of Business	Fn	2a. Mailing Address 26				4. FEI Number 43-1166381		├	Applied For Not Applicable	e
Suite, Apt. #	, etc.	Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City	City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country 25		Zip Country				This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
24	9. Name and Address of Currer	~ · · • • • · • · • • · · · · · · · · ·	<u></u>				10. Name and Address of New Registered Agent				
	0. 114111		- 1.3	***************************************	81	Name			3		
	RATION INFORMATION SERVIC	ES, INC.			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		 	-
	NYES STREET ASSEE FL 32301							······································			
					84	City		FL	85 Z	ip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Fiori n, and accept the obligations of, Sect	and 607.15 da. Such cha ion 607.050	08, Florida Statute ange was authorize 5, Florida Statutes.	s, the abo id by the o	ve-r	named corpo oration's bo	oration submits this statement for the pul ard of directors. I hereby accept the app	rpose of char ointment as r	iging its egistered	registered offic d agent. I am	эе
SIGNATURE	Signature, typed or printed dame of registered agon						red when reinstaring!	DATE			
12.	OFFICERS AN	D DIRECTOR	is	13.			ADDITIONS/CHANGES TO OFF				
TRLE	PT		DELETE	1. 1 T	ITLE] Change	Addition	1
NAME	HENDERSON, PAUL J.			12 N	4ME						5
STREET ADDRESS	100 S.BRENTWOOD BLVD#	350		135	TREET	ADDRESS					ŭ
CITY-ST-ZIP	ST. LOUIS MO		·	14 C	IIY-S	T-ZIP					ۆ
TITLE	V		DELETE	2. 1 T	ITLF] Change	Addition	١
NAME	VON HATTEN, MICHAEL E.			22 N	AME						
STREET ADDRESS	100 S.BRENTWOOD BLVD#	350		238	FREET	ADDRESS					
CITY-ST-ZIP	ST. LOUIS MO			24 C	11 Y - S	1- ZIP					
TITLE			DELETE	3 1 1	ITLE] Change	Addition	
NAME				3.2 N	AME						-
STREE1 ADDRESS				3.3 S	!REE!	T ADDRESS					- 1
CITY - ST - ZIP						ST - 24P			2.0	forting to a state of	
TITLE			DELETE	4.11				L] Change	Addition	
NAME				4.2 N	AME						
STREET ADDRESS				4.3 S	IREET	ADDRESS					
CITY-ST-ZIP						31 - ZIP				FTT 4.1.4.4	
TITLE			DELETE	5 1 1				L] Cnange	Add-tion	
NAME				5 2 N							
STREET ADDRESS				538	THEEF	ADDRES\$					
CHY-ST-7IP						5T - 716			3 0	F7 4	
TITLE			☐ DELETE	6. 1 T	HLE			[] Change	Addition	'
NAME				6.2 N	AME						
STREET ADDRESS				6.3 S	TREET	ADDRESS					
CITY-ST-ZIP						ST-ZIP					
14. I do hereby	y certify that the information supplied	with this film	g is voluntarily furni	ished a nd	doe	is not qualify	for the exemption stated in Section 119	LU7(3)(k), Flor	iga Statu	ites. I further	

certify that the information indicated on this annual report or supplemental annual 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 occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaining it with an address.

SIGNATURE:

Michael E VonHatten 04/30/96