

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 022 ***150.00

DOCUMENT # <i>F00000000.0996</i>	
1. Entity Name <i>GTM Architects, Incorporated</i>	

DO NOT WRITE IN THIS SPACE

24048279

2. Principal Place of Business <i>10415 Armory Ave</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Leesing ton</i>		City & State	
Zip <i>MD</i>	Country <i>mont.</i>	Zip <i>20845</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>52-195282</i>		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <i>NRAI Services, Inc.</i>		
Street Address (P.O. Box Number is Not Acceptable)			
<i>526 E. Park Avenue</i>			
City <i>Tallahassee</i>		FL	Zip Code <i>32301</i>

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PLEASE SEE ATTACHED</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4-13-04

Date

301-942-9062

Daytime Phone #

CR2E034B (12/02)

02/14/01

**GTM Architects, Incorporated
Owner/Officer List**

Owners		Ownership
Officers		Title
George T. Myers 10314 Fawcett Street Kensington, MD 20895	PRES	
James C. Myers 4509 Westbrock Lane Kensington, MD 20895	VP, TREAS, SECY	
Richard J. Contrath 11617 Ropp Lane Lovettsville, VA 20180	VP	
Melissa R Cohen 1851 Columbia Road #510 Washington, DC 20009	VP	
Mark D. Hughes 1216 Raymond Avenue McLean, VA 22101	VP	
David P. Konapeisky 4404 Edgefield Road Kensington, MD 20895	VP	
Barbara S. Magistro 8617 Village Park Place Chevy Chase, MD 20815	VP	

Directors

George T. Myers 10314 Fawcett Street Kensington, MD 20895
James C. Myers 4509 Westbrock Lane Kensington, MD 20895
Richard J. Contrath 11617 Ropp Lane Lovettsville, VA 20180

Attachment
241148279

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