

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 026 ***150.00

DOCUMENT # **F 00000000996**

1. Entity Name

GTW Architects, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7735 Old Georgetown Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Ste 700

Suite, Apt. #, etc.

City & State

Bethesda MD

City & State

Zip

20814

Country

Montgomery

Zip

Country

4. FEI Number

52-1915282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

50043875

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive, Suite 4

City **Weston**

FL

Zip Code
33331

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	Please see attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

4.13.05



ATTACHMENT

50043825 -
100000000996

1. Officers	Title	Address
George T. Myers	PRES	7735 Old Georgetown Road #700 Bethesda, MD 20814
James C. Myers	VP, TREAS, SECY	7735 Old Georgetown Road #700 Bethesda, MD 20814
Richard J. Conrath	VP	7735 Old Georgetown Road #700 Bethesda, MD 20814
Melissa R Cohen	VP	7735 Old Georgetown Road #700 Bethesda, MD 20814
Mark D. Hughes	VP	7735 Old Georgetown Road #700 Bethesda, MD 20814
David P. Konapelsky	VP	7735 Old Georgetown Road #700 Bethesda, MD 20814
Barbara S. Magistro	VP	7735 Old Georgetown Road #700 Bethesda, MD 20814
1. Directors		
George T. Myers	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
James C. Myers	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
Richard J. Conrath	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
Melissa R Cohen	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
Mark D. Hughes	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
David P. Konapelsky	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814
Barbara S. Magistro	DIRECTOR	7735 Old Georgetown Road #700 Bethesda, MD 20814