2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90016 046 ***150.00

DOCUMENT # F01000003093

1. Entity Name
CSO ARCHITECTS, INC.

Principal Place of Business	Mailing Address
280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240	280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 35-1099003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHELLINGER, JAMES A 280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Davis, T. Brent 280 East 96th Street, Suite 200 Indianapolis, IN 46240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T&S HYNES, LYNN 280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hynes, Lynn 280 East 96th Street, Suite 200 Indianapolis, IN 46240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OLDS, LESTER S A1A 280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Olds, Lester 280 East 96th Street, Suite 200 Indianapolis, IN 46240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORIARITY, DANIEL T 280 EAST 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Moriarity, Daniel T. 280 East 96th Street, Suite200 Indianapolis, In 46240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tucker, Alan R. 280 East 96th Street, Suite 200 Indianapolis, IN 46240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Rigsbee, John E. /280 E. 96thSt., Suite 200,Indpls.,IN 46240 V (same) Schumacher, R. Randall ☒ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Alan R. Tucker 2/18/04 (317)848-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #