

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001686

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: EHRENKRANTZ ECKSTUT & KUHN ARCHITECTS, P.C.

## Current Principal Place of Business:

161 AVE IF THE AMERICAS  
3RD FLOOR  
NEW YORK, NY 10013 US

## New Principal Place of Business:

## Current Mailing Address:

161 AVE IF THE AMERICAS  
3RD FLOOR  
NEW YORK, NY 10013 US

## New Mailing Address:

FEI Number: 13-2733062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: ECSTUT, STANTON  
Address: 161 AVE IF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013 US

Title: C ( ) Delete  
Name: GREENBERG, JAMES  
Address: 161 AVE IF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013 US

Title: D ( ) Delete  
Name: WU, MING  
Address: 161 AVE IF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013 US

Title: D ( ) Delete  
Name: CAVALUZZI, PETER  
Address: 161 AVE IF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013 US

Title: D ( ) Delete  
Name: BELL, MATT  
Address: 2121 WARD CT., 6TH FLOOR  
City-St-Zip: WASHINGTON, DC 20037 US

Title: D ( ) Delete  
Name: SMITH, DOUG  
Address: 2121 WARD CT., 6TH FLOOR  
City-St-Zip: WASHINGTON, DC 20037 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ECKSTUT, STANTON  
Address: 161 AVE IF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10013 US

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:

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: ANNE FIDJE

HRM

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date