

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003444		
1. Entity Name DAVID M. SCHWARZ/ARCHITECTURAL SERVICES, INC.		

Principal Place of Business 1707 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Mailing Address 1707 L STREET, NW SUITE 400 WASHINGTON, DC 20036
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1119974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

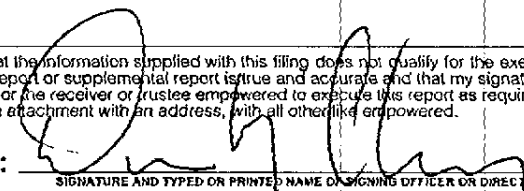
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARZ, DAVID M 1707 L STREET, NW, SUITE 400 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GREENE, THOMAS H 1707 L STREET, NW, SUITE 400 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, CRAIG 1707 L STREET, NW, SUITE 400 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWARTZ, MICHAEL 1707 L STREET, NW, SUITE 400 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/22/06-80051-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 1/23/06	Daytime Phone #: 202.862.0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		