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

01102006 No Chg-P CR2E034 (11/05)

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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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWARZ, DAVID M
STREET ADDRESS	1707 L STREET, NW, SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	STD
NAME	GREENE, THOMAS H
STREET ADDRESS	1707 L STREET, NW, SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	D
NAME	WILLIAMS, CRAIG
STREET ADDRESS	1707 L STREET, NW, SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	D
NAME	SWARTZ, MICHAEL
STREET ADDRESS	1707 L STREET, NW, SUITE 400
CITY-ST-ZIP	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

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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: _____ 1/23/06 202.862.0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #