

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



03102008 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

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, 2008 Fee will be \$550.00**

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	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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05/28/08-80123-020 158.75

**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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08