## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005832

530 ATLANTIC AVENUE

BOSTON, MA 02210

Address: City-St-Zip: FILED Feb 08, 2005 Secretary of State

				<b>,</b>	
Entity Nar	me: SCHWAF	RTZ/SILVER ARCHITECTS, IN	IC.		
Current Principal Place of Business:			New Principal Pla	ce of Business:	
	NTIC AVENUE MA 02210				
Current Mailing Address:			New Mailing Addı	New Mailing Address:	
	NTIC AVENUE MA 02210	:			
FEI Number:	: 04-2965181	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 US			2731 EXECUTIVÉ I SUITE 4	NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTIN, FL 33331 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: ROBERT H. SILVER				02/08/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( SILVER, ROBE 530 ATLANTIC BOSTON, MA	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	* .		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST ( ) ZODA, PATRIC	) Delete :IA G	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT H. SILVER PD 02/08/2005