

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000005832

FILED
Dec 07, 2006
Secretary of State

Entity Name: SCHWARTZ/SILVER ARCHITECTS, INC.

Current Principal Place of Business:

530 ATLANTIC AVENUE
BOSTON, MA 02210

New Principal Place of Business:

75 KNEELAND STREET
BOSTON, MA 02111

Current Mailing Address:

530 ATLANTIC AVENUE
BOSTON, MA 02210

New Mailing Address:

75 KNEELAND STREET
BOSTON, MA 02111

FEI Number: 04-2965181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVER, ROBERT H FAIA
Address: 530 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02210

Title: VPD () Delete
Name: SCHWARTZ, WARREN R FAIA
Address: 530 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02210

Title: ST () Delete
Name: ZODA, PATRICIA G
Address: 530 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVER, ROBERT H FAIA
Address: 75 KNEELAND STREET
City-St-Zip: BOSTON, MA 02111

Title: VPD (X) Change () Addition
Name: SCHWARTZ, WARREN R FAIA
Address: 75 KNEELAND STREET
City-St-Zip: BOSTON, MA 02111

Title: ST (X) Change () Addition
Name: ZODA, PATRICIA G
Address: 75 KNEELAND STREET
City-St-Zip: BOSTON, MA 02111

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA G. ZODA

ST

12/07/2006

Electronic Signature of Signing Officer or Director

Date