2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# F05000000364

Entity Name: CMW ARCHITECTS & ENGINEERS, INC.

Current Principal Place of Business:

400 EAST VINE STREET, SUITE 400
LEXINGTON, KY 40507

New Principal Place of Business:

Current Mailing Address:

400 EAST VINE STREET, SUITE 400
LEXINGTON, KY 40507

New Mailing Address:

FEI Number: 61-0676785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BALLARD, JACK H
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

Title: VP ( ) Delete
Name: HILL, BRIAN
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

Title: VP ( ) Delete
Name: PICKERING, BILL
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

Title: VP ( ) Delete
Name: MARTINOLICH, JOSEPH
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

Title: VP ( ) Delete
Name: REEVES, KENNETH
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

Title: VP ( ) Delete
Name: WATKINS, DARENDA
Address: 400 E VINE ST., SUITE 400
City-St-Zip: LEXINGTON, KY 40507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JACK H. BALLARD PRES 02/08/2008

Electronic Signature of Signing Officer or Director Date