2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# F05000001979

Entity Name: INTERIOR ARCHITECTS, P.C.

Current Principal Place of Business:

350 CALIFORNIA STREET, SUITE 1500
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

350 CALIFORNIA STREET, SUITE 1500
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 22-3064850 **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: PCD ( ) Delete
Name: MOURNING, DAVID B
Address: 350 CALIFORNIA STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94104

Title: V ( ) Delete
Name: LEBRON, ANGELO
Address: 3455 PEACHTRE ROAD, NE, SUITE 325
City-St-Zip: ATLANTA, GA 30326

Title: VD ( ) Delete
Name: SAVIANO, ANTHONY V
Address: 335 MADISON AVE., SUITE 305
City-St-Zip: NEW YORK, NY 10017

Title: TD ( ) Delete
Name: MCCULLOUGH, MICHAEL RAY
Address: 350 CALIFORNIA STREET, SUITE 1500
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D ( ) Delete
Name: POWERS, THOMAS
Address: 205 W. WACKER DRIVE., SUITE 1500
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: SAVIANO, ANTHONY V
Address: 257 PARK AVE SOUTH, SUITE 800
City-St-Zip: NEW YORK, NY 10010

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: DAVID B. MOURNING PCD 02/25/2009

Electronic Signature of Signing Officer or Director Date