

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004253
 1. Entity Name
SUSMAN TISDALE GAYLE ARCHITECTS, INC.



Principal Place of Business Mailing Address
4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN TX 78735 **4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN TX 78735**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **74-2112965** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON FL 33331

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAYLE, DEWITT	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUSMAN, JAMES	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TISDALE, JACK	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORLANDER, MARTHA	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSTON, DAVID	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZAMEN, ROBERT	
STREET ADDRESS	4330 S. MOPAC EXPRESSWAY, SUITE 100	
CITY-ST-ZIP	AUSTIN TX 78735	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	U00000473266	
CITY-ST-ZIP	03/31/06-80009-025 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Robert B. Zamen **Robert B. Zamen** **3-15-06** **512-899-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #