

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90029 001 ***150.00

DOCUMENT # F07000003175

1. Entity Name
WRIGHT HEEREMA ARCHITECTS LIMITED INC.



Principal Place of Business Mailing Address

819 S WABASH AVE SUITE 701 **819 S WABASH AVE SUITE 701**
CHICAGO, IL 60605 **CHICAGO, IL 60605**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

140 S. Dearborn Street **140 S. Dearborn Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**

City & State City & State

Chicago, IL **Chicago, IL**

Zip Country Zip Country

60603 **US** **60603** **US**



04162008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

36-4094128 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	WRIGHT, STEPHEN T	
STREET ADDRESS	819 S WABASH AVE SUITE 701	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	HEEREMA, ROGER	
STREET ADDRESS	819 S WABASH AVE SUITE 701	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEEREMA, ROGER	
STREET ADDRESS	819 S WABASH AVE SUITE 701	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, STEPHEN T.	
STREET ADDRESS	140 S. DEARBORN ST SUITE 200	
CITY-ST-ZIP	CHICAGO, IL 60603	
TITLE	VCVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEEREMA, ROGER	
STREET ADDRESS	140 S. DEARBORN ST SUITE 200	
CITY-ST-ZIP	CHICAGO, IL 60603	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEEREMA, ROGER	
STREET ADDRESS	140 S. DEARBORN ST SUITE 200	
CITY-ST-ZIP	CHICAGO, IL 60603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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: Stephen J. Wright Date: 4/16/08 Daytime Phone #: 312-913-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR