2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005153

Entity Name: LEWIS & ZIMMERMAN ASSOCIATES, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6110 EXEC	UTIVE BLVD., E, MD 20852					
Current Mailing Address:			New Mailii	New Mailing Address:		
630 PLAZA SUITE 200 HIGHLAND	DRIVE S RANCH, CC) 80129				
FEI Number: 52-1708224 FEI Number Applied For (FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of St	tatus Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State		ubmits this statement for the pur	rpose of changing it	s registered office or register	red agent, or both,	
SIGNATUR						
	Electroni	c Signature of Registered Agent	t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ZIMMERMAN, LA	AND PARKWAY, #254	Title: Name: Address: City-St-Zip:	()Change ()Addir	tion	
Title: Name: Address: City-St-Zip:	LEWIS, MARY A	E BLVD., SUITE 512	Title: Name: Address: City-St-Zip:	()Change ()Addii	tion	
Title: Name: Address: City-St-Zip:	COO () I MYERS, MICHAE 630 PLAZA DRIV HIGHLANDS RAI	/E, SUITE 200	Title: Name: Address: City-St-Zip:	COO (X) Change () Addi COATES, GARY E 630 PLAZA DRIVE, SUITE 200 HIGHLANDS RANCH, CO 80129		
Title: Name: Address: City-St-Zip:	T () I CHOUINARD, JO 630 PLAZA DRIV HIGHLANDS RAI	DHN J /E, SUITE 200	Title: Name: Address: City-St-Zip:	()Change()Addii	tion	
Title: Name: Address: City-St-Zip:	S () NIPARKO, STEV 630 PLAZA DRIV HIGHLANDS RAI	/E, SUITE 200	Title: Name: Address: City-St-Zip:	()Change ()Addii	tion	
Title: Name: Address: City-St-Zip:	D () BLAKE, STEVEN 630 PLAZA DRIV HIGHLANDS RAI	/E, SUITE 200	Title: Name: Address: City-St-Zip:	()Change ()Addii	tion	

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: STEVEN J. NIPARKO S 01/09/2006