SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JUL 16 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000844 (0)**

1. Corporation Name

DAVID M. SCHWARZ/ARCHITECTURAL SERVICES, ~~INC~~ P.C.

Principal Place of Business

SUITE 800
1133 CONNECTICUT AVENUE, NW
WASHINGTON DC 20036

Mailing Address

SUITE 800
1133 CONNECTICUT AVENUE, NW
WASHINGTON DC 20036

3. Date Incorporated or Qualified: **02/16/1994**

3a. Date of Last Report: **02/09/1995**

4. FEI Number: **52-1119974** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
ATTN: KAREN
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ______ (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	SCHWARZ, DAVID M	
STREET ADDRESS	2424 CALIFORNIA STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	SD	☐ DELETE
NAME	GREENE, THOMAS H	
STREET ADDRESS	2304 ASHBORO DRIVE	
CITY-ST-ZIP	BETHESDA MD 20815	
TITLE	D	☐ DELETE
NAME	WILLIAMS, CRAIG P	
STREET ADDRESS	4622 38TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	D	☐ DELETE
NAME	SWARTZ, MICHAEL	
STREET ADDRESS	106 SARATOGA WAY NE	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

200001900092
-07/22/96--01021--002
****233.75 ****233.75

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS H. GREENE SECRETARY 6/11/96 202-862-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #