

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000000965 (3)

1. Corporation Name
WILLIAM RAWN ASSOCIATES, ARCHITECTS, INC.



Principal Place of Business Mailing Address
101 TREMONT ST. BOSTON MA 02108
101 TREMONT ST. BOSTON MA 02108

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

3. Date Incorporated or Qualified 02/25/1994
3a. Date of Last Report 03/07/1995
4. FET Number 04-3106539
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. 193.032, Florida Statutes Yes No

11. Pursuant to the provisions of Sections 607.060 and 607.150, 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 607.060, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD RAWN, WILLIAM L III 233 COMMONWEALTH AVE. BOSTON MA 02116	<input type="checkbox"/> DELETE	
NAME	S COWDEN, ROBERT E III 21 WATERSTON RD. NEWTON MA 02158	<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 register or trustee or authorized 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 affidavit with an address.

SIGNATURE: *William L. Rawn III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Rawn III

3-22-96

(617) 423-3470

CR2E034 (12/95)