

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-04-2006 90018 012 ***150.00

08-21-2006 90003 049 ***400.00

DOCUMENT # F94000001065

1. Entity Name
PELLI CLARKE PELLI ARCHITECTS, INC.



Principal Place of Business
**1056 CHAPEL STREET
NEW HAVEN CT 06510**

Mailing Address
**1056 CHAPEL STREET
NEW HAVEN CT 06510**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **06-1228461**

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO PELLI, CESAR 294 LIVINGSTON STREET NEW HAVEN CT ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mitchell Hirsch 47 Field Brook Road Madison, CT 06443 ☐ Change ☒ Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CLARKE III, FRED W. 140 DAVIS STREET HAMDEN CT ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Shoemaker 950 Park Rock Road Gouldsboro, CT 06437 ☐ Change ☒ Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PELLI, RAFAEL 355 W 21ST STREET NEW YORK NY 10011 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: *[Signature]* **Fred Clarke** **7/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR