

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F95000000559 (3)**

1. Corporation Name:  
**PERKINS EASTMAN ARCHITECTS PC**



Principal Place of Business: **437 5TH AVENUE  
NEW YORK NY 10016**  
Mailing Address: **437 5TH AVENUE  
NEW YORK NY 10016-2205**

3. Date Incorporated or Qualified: **02/01/1995**  
3a. Date of Last Report: **07/17/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>133747100 13-3044005</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		29. Country		30. Country	
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				<b>FL</b>		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P PERKINS JR, L B</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUR RECTORY LANE</b>	1.2 NAME	
STREET ADDRESS	<b>SCARSDALE NY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>CD PERKINS, L B</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUR RECTORY LANE</b>	2.2 NAME	
STREET ADDRESS	<b>SCARSDALE NY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>VSD EASTMAN, MARY-JEAN</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11 LISPENARD STREET</b>	3.2 NAME	
STREET ADDRESS	<b>NEW YORK NY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<b>V HOGLUND, J D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>265 ORCHARD DRIVE</b>	4.2 NAME	
STREET ADDRESS	<b>PITTSBURGH PA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<b>V SCHWARTZ, AARON B</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>328 W. 22ND STREET</b>	5.2 NAME	
STREET ADDRESS	<b>NEW YORK NY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<b>V STARK, JONATHAN N</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>77 SEVENTH AVENUE</b>	6.2 NAME	
STREET ADDRESS	<b>NEW YORK NY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-20-96** DAYTIME PHONE: **212 889 1720**

CR2E034 (9/96)

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