


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000559

1. Entity Name
PERKINS EASTMAN ARCHITECTS PC



| | |
|---|---|
| Principal Place of Business 115 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10003 | Mailing Address 115 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10003 |
|---|---|



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 13-3044005 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PERKINS JR, L B FOUR RECTORY LANE SCARSDALE, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KING, DOUGLAS P 46 WEST 84TH ST NEW YORK, NY 10024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD EASTMAN, MARY-JEAN 11 LISPENARD STREET NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HOGLUND, J D 265 ORCHARD DRIVE PITTSBURGH, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHWARTZ, AARON B 326 W. 22ND STREET NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STARK, JONATHAN N 77 SEVENTH AVENUE NEW YORK, NY |

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 01/21/05-80026-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1-5-05** **212 953 7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #