


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 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
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3044005	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

U00000569447
 07/11/06-80027-005 558.75

10. OFFICERS AND DIRECTORS

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

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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: _____ Date: 7/6/06 Daytime Phone #: 212-353-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR