

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90031 026 ***158.75

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02072007 Chg-P CR2E034 (12/06)

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|--|---------------------|--|--|---|-----------------------------------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 13-3044005 | |
| Zip | | Country | | 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 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PERKINS JR, L B | | NAME | | |
| STREET ADDRESS | FOUR RECTORY LANE | | STREET ADDRESS | | |
| CITY- ST- ZIP | SCARSDALE, NY | | CITY- ST- ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KING, DOUGLAS P | | NAME | | |
| STREET ADDRESS | 46 WEST 84TH ST | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEW YORK, NY 10024 | | CITY- ST- ZIP | | |
| TITLE | VSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EASTMAN, MARY-JEAN | | NAME | | |
| STREET ADDRESS | 11 LISPENARD STREET | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEW YORK, NY | | CITY- ST- ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOGLUND, J D | | NAME | | |
| STREET ADDRESS | 265 ORCHARD DRIVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | PITTSBURGH, PA | | CITY- ST- ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHWARTZ, AARON B | | NAME | | |
| STREET ADDRESS | 326 W. 22ND STREET | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEW YORK, NY | | CITY- ST- ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STARK, JONATHAN N | | NAME | | |
| STREET ADDRESS | 77 SEVENTH AVENUE | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEW YORK, NY | | CITY- ST- ZIP | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | MARY-JEAN EASTMAN | | 2/7/07 | |
| | | | | 212-353-7200 | |
| | | | | Daytime Phone # | |