

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000559

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: PERKINS EASTMAN ARCHITECTS PC

**Current Principal Place of Business:**

115 FIFTH AVENUE  
3RD FLOOR  
NEW YORK, NY 10003

**New Principal Place of Business:**

**Current Mailing Address:**

115 FIFTH AVENUE  
3RD FLOOR  
NEW YORK, NY 10003

**New Mailing Address:**

FEI Number: 13-3044005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERKINS, LAWRENCE B  
Address: FOUR RECTORY LANE  
City-St-Zip: SCARSDALE, NY 10583

Title: VPS ( ) Delete  
Name: EASTMAN, MARY-JEAN  
Address: 11 LISPENARD STREET  
City-St-Zip: NEW YORK, NY 10013

Title: VP ( ) Delete  
Name: HOGLUND, JOHN D  
Address: 265 ORCHARD DRIVE  
City-St-Zip: PITTSBURGH, PA 15228

Title: VP ( ) Delete  
Name: SCHWARTZ, AARON B  
Address: 326 W. 22ND STREET  
City-St-Zip: NEW YORK, NY 10011

Title: VP ( ) Delete  
Name: STARK, JONATHAN N  
Address: 77 SEVENTH AVENUE  
City-St-Zip: NEW YORK, NY 10011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE B. PERKINS

MR.

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date