

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90081 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002990

1. Corporation Name
WOLFGANG DOERSCHLAG ARCHITECT LTD., INC.



Principal Place of Business
**850 MICHIGAN AVENUE
 COLUMBUS OH 43215**

Mailing Address
**850 MICHIGAN AVENUE
 COLUMBUS OH 43215**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
06/21/1995

4. FEI Number
31-1451869

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CT CORP SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DOERSCHLAG, WOLFGANG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERSCHLAG, WOLFGANG	1.2 NAME	
STREET ADDRESS	4400 LIMERICK	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	1.4 CITY-ST-ZIP	
TITLE	VD CONRARDY, PERRY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRARDY, PERRY	2.2 NAME	
STREET ADDRESS	142 LONGVIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43202	2.4 CITY-ST-ZIP	
TITLE	VT DOERSCHLAG, MARTIN W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERSCHLAG, MARTIN W	3.2 NAME	
STREET ADDRESS	317 BREVOORT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	VS DOERSCHLAG, CHRISTOPHER K	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERSCHLAG, CHRISTOPHER K	4.2 NAME	
STREET ADDRESS	2410 SOUTHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin Doerschlag Date: 2/9/99 Daytime Phone #: 614-221-0840

CR2E034 (1/98)