

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90159 005 ***150.00

DOCUMENT # F95000002990

1. Entity Name

WOLFGANG DOERSCHLAG ARCHITECT LTD., INC.

Principal Place of Business

Mailing Address

850 MICHIGAN AVENUE
 COLUMBUS OH 43215

850 MICHIGAN AVENUE
 COLUMBUS OH 43215

2. Principal Place of Business

3. Mailing Address

1201 Dublin Road

1201 Dublin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Columbus, OH

Columbus, OH

Zip

Country

Zip

Country

43215 Franklin

43215 Franklin



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1451869**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORP SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
 NAME: DOERSCHLAG, WOLFGANG
 STREET ADDRESS: 4400 LIMERICK
 CITY-ST-ZIP: DUBLIN OH 43017
 Delete

TITLE: C
 NAME: Doerschlag, Wolfgang
 STREET ADDRESS: 4400 Limerick
 CITY-ST-ZIP: Dublin, OH 43017
 Change Addition

TITLE: VD
 NAME: CONRARDY, PERRY
 STREET ADDRESS: 142 LONGVIEW
 CITY-ST-ZIP: COLUMBUS OH 43202
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: VT
 NAME: DOERSCHLAG, MARTIN W
 STREET ADDRESS: 317 BREVOORT RD
 CITY-ST-ZIP: COLUMBUS OH
 Delete

TITLE: T
 NAME: Doerschlag, Martin W.
 STREET ADDRESS: 5580 Wild Pine Drive
 CITY-ST-ZIP: Westerville, OH 43082
 Change Addition

TITLE: VS
 NAME: DOERSCHLAG, CHRISTOPHER K
 STREET ADDRESS: 2410 SOUTHWAY
 CITY-ST-ZIP: COLUMBUS OH
 Delete

TITLE: P
 NAME: Doerschlag, Christopher
 STREET ADDRESS: 2410 Southway
 CITY-ST-ZIP: Columbus, OH 43221
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

13. 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 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 11 or Block 12 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

Daytime Phone #

CR2E034 (10/00)