2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# F95000005990

Entity Name: CUNINGHAM GROUP ARCHITECTURE, P.A.

Current Principal Place of Business:

201 MAIN STREET SE
SIUTE 325
MINNEAPOLIS, MN 55414

New Principal Place of Business:

201 MAIN STREET SE
SUITE 325
MINNEAPOLIS, MN 55414

Current Mailing Address:

201 MAIN STREET SE
SIUTE 325
MINNEAPOLIS, MN 55414

New Mailing Address:

201 MAIN STREET SE
SUITE 325
MINNEAPOLIS, MN 55414

FEI Number: 41-1456525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DF ( ) Delete
Name: CUNINGHAM, JOHN W
Address: 201 MAIN STREET SE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: DPT ( ) Delete
Name: DUFAULT, TIMOTHY J
Address: 201 MAIN STREET SE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: DTC ( ) Delete
Name: QUITER, JOHN E
Address: 4056 DEL REY AVENUE
City-St-Zip: MARINA DEL REY, CA 90292

Title: DVP ( ) Delete
Name: HOSKENS, THOMAS L
Address: 201 MAIN ST SE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: D ( ) Delete
Name: SCHEIDEL, JAMES S
Address: 4056 DEL REY AVENUE
City-St-Zip: MARINA DEL REY, CA 90292

Title: DVP ( ) Delete
Name: LOWE, DOUGLAS A
Address: 4056 DEL REY AVENUE
City-St-Zip: MARIA DEL RAY, CA 90292

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:

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: TIMOTHY J. DUFAULT DPT 05/12/2009

Electronic Signature of Signing Officer or Director Date