## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000002825

Entity Name: KOHN PEDERSEN FOX ASSOCIATES P.C.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			I	New Principal Place of Business:			
111 WEST 57TH STREET NEW YORK, NY 10001				111 WEST 57TH STREET NEW YORK, NY 10019			
Current Mailing Address:				New Mailing Address:			
111 WEST 57TH STREET NEW YORK, NY 10001				111 WEST 57TH STREET NEW YORK, NY 10019			
FEI Number:	13-2862504	FEI Number Applied For ( )	FEI Numl	ber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	1	Name and	Address of	f New Registered Agent:	
1201 HAYS SUITE 105 TALLAHAS	SSEE, FL 3230	1 US	pose of	changing its	s registered	d office or registered agent, or both,	
	of Florida.				- · · · <b>3</b> · · · · · · ·		
SIGNATUR							
	Electroni	c Signature of Registered Agent	•			Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CH () KOHN, EUGENE 111 WEST 57TH NEW YORK, NY	STREET	1	Title: Name: Address: City-St-Zip:	KOHN, EUGE	57TH STREET	
Title: Name: Address: City-St-Zip:	DP () POLISANO, LEE 111 WEST 57TH NEW YORK, NY	STREET	1	Title: Name: Address: City-St-Zip:	GREENE, MI	57TH STREET	
Title: Name: Address: City-St-Zip:	VPSD () CIOPPA, ROBER 111 WEST 57TH NEW YORK, NY	STREET	1	Title: Name: Address: City-St-Zip:	KATZ, PAUL	57TH STREET	
Title: Name: Address: City-St-Zip: Title:	LEVENTHAL, DA 111 WEST 57TH NEW YORK, NY	STREET	! /	Title: Name: Address: City-St-Zip: Title:	VON KLEMP 111 WEST 5 NEW YORK,	(X) Change () Addition PERER, JAMES 57TH STREET , NY 10019  (X) Change () Addition	
Name: Address: City-St-Zip:	PEDERSEN, WI 111 WEST 57TH NEW YORK, NY	LLIAM E I STREET	1	Name: Address: City-St-Zip:	PEDERSEN, 111 WEST 5 NEW YORK,	, WILLIAM E 57TH STREET , NY 10019	
Title: Name:	D () LOUIE, WILLIAN		ı	Title: Name: Address:	LOUIE, WILL	(X) Change ( ) Addition LIAM C	

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.

City-St-Zip: NEW YORK, NY 10019

SIGNATURE: WILLIAM LOUIE MR 03/20/2009

City-St-Zip: NEW YORK, NY 10001