

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000005358

FILED
Mar 06, 2003
Secretary of State

Entity Name: PICKARD CHILTON ARCHITECTS, INC.

Current Principal Place of Business:

129 CHURCH ST
SUITE 615
NEW HAVEN, CT 06510 US

New Principal Place of Business:

980 CHAPEL ST
NEW HAVEN, CT 06510 US

Current Mailing Address:

129 CHURCH ST.
SUITE 615
NEW HAVEN, CT 06510 US

New Mailing Address:

980 CHAPEL ST
NEW HAVEN, CT 06510 US

FEI Number: 06-1470511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DCT () Delete
Name: PICKARD, JON
Address: 129 CHURCH ST.
City-St-Zip: NEW HAVEN, CT 06510

Title: DPS () Delete
Name: CHILTON, WILLIAM D
Address: 129 CHURCH ST
City-St-Zip: NEW HAVEN, CT 06510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCT (X) Change () Addition
Name: PICKARD, JON
Address: 980 CHAPEL ST.
City-St-Zip: NEW HAVEN, CT 06510

Title: DPS (X) Change () Addition
Name: CHILTON, WILLIAM D
Address: 980 CHAPEL ST.
City-St-Zip: NEW HAVEN, CT 06510

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM D. CHILTON

DPS

03/06/2003

Electronic Signature of Signing Officer or Director

Date