

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006788

1. Entity Name
TALIESIN ARCHITECTS, LTD. CORP.



Principal Place of Business
**12621 N. FRANK LLOYD WRIGHT BLVD.
SCOTTSDALE, AZ 85259**

Mailing Address
**P O BOX 4430
SCOTTSDALE, AZ 85261 US**

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
39-0974618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLETCHER, H. PATTERSON
1771 MANATEE AVE. WEST
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PUTTNAM, ANTHONY
STREET ADDRESS	6502 GRAND TETON PLAZA #202
CITY-ST-ZIP	MADISON, WI 53719
TITLE	P
NAME	RATTENBURY, JOHN
STREET ADDRESS	12621 N. FRANK LLOYD WRIGHT BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85259
TITLE	S
NAME	LOCKHART, SUSAN
STREET ADDRESS	12621 N. FRANK LLOYD WRIGHT BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85259
TITLE	C
NAME	KUPPERMAN, MICKEY
STREET ADDRESS	600 W. FULTON ST.
CITY-ST-ZIP	CHICAGO, IL 606611199
TITLE	VP
NAME	NEMTIH, STEPHEN
STREET ADDRESS	12621 N. FRANK LLOYD WRIGHT BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000096810
03/26/04-80013-007 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address. And all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Rattenbury
March 19, 2004

Date

Daytime Phone # _____