FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOROMON1364

1. Corporation Name DESIGN COLLECTIVE ARCHITE		D		
Principal Place of Business	" Mailing Address			I MANUAL LINE INITIAL TOTAL AND IN AN
130 E. CHESTNUT ST. COLUMBUS OH 43215	130 E. CHESTNUT ST. COLUMBUS OH 43215			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/10/1998
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 31-1186534
Suite, Apt. #, etc.	Suite, Apt. #, etc	÷.		5. Certificate of Status Desired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5
Zip Country 24 25	Zip 29	Countr 30	/	This corporation owes the current year Intangible Personal Property Tax. Yes
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
WIRTZ, MICHAEL		81	Nam	ee .
345 W. PALMETTO PARK		82	Stree	et Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432	·	83		
		84	City	FL 85
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change t	was authorized by	the co	ed corporation submits this statement for the purpose of changi rporation's board of directors. I hereby accept the appointment
SIGNATURE Signature, typed or printed name of regis	ered event and title if applicable	(NOTE: Registered Age	ınt sionatur	re required when reinstating) DATE
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI
00	T DELE	TE 44 TR C		☐ Ch

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90059 017 ***150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

614-464-2880

WIRTZ; MICHAEL 345 W. PALMETTO PARK BOCA RATON FL 33432				ddress (P.O. Box Number is Not Acceptable)			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida	orized by	the c	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE	ANOTE D		t ainnn	ahure required when reinstating) DATE			
, organization production and the control of the co			tisred Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE	1.1 TITLE		☐ Change ☐ Addition			
NAME	ROBAR, DAVID L	1.2 NAME					
STREET ADDRESS	130 E. CHESTNUT ST.	1.3 STREET		RESS			
ļ	COLUMBUS OH 43215	1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	V DELETE	2.1 TITLE	- 631	Change Addition			
NAME	HAASE, JEFFREY L	2.2 NAME					
	400 E OLIFOTHUT OT	2.3 STREET	ADOR	RESS			
STREET ADDRESS	COLUMBUS OH 43215	2.4 CITY-S					
TITLE	S DELETE	3.1 TITLE	1-211	☐ Change ☐ Addition			
1.00	VALENTINE, ROBERT B	3.2 NAME					
NAME	130 E. CHESTNUT ST.	3.3 STREET ADDRE		RESS			
STREET ADDRESS	COLUMBUS OH 43215	3.4. CITY-S					
CITY-ST-ZIP TITLE	T DELETE	4.1 TITLE	1-ZIF	Change Addition			
	COOKE, DAVID F	4.2 NAME					
NAME	AND E OUTOTHE IT OT	4.3 STREET	. YUUD	DESS .			
STREET ADDRESS	COLUMBUS OH 43215	4.4 CITY-S					
CITY-ST-ZIP	DELETE	5.1 TITLE	1- LIF	☐ Change ☐ Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET	ADDR	RESS			
	101 - 1 14 - 1	5.4 CITY-S	T- ZIP				
TITLE	©CONTRACTOR DELETE	6.1 TITLE		Change Addition			
NAME	(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.2 NAME					
	The state of the s	6.3 STREET	ADDR	RESS			
STREET ADDRESS	5	6.4 CITY-S					
CITY-ST-ZIP	pertify that the information supplied with this filing does not qualify for the	o overnot	on et	stated in Section 119 07(3)(i) Florida Statutes I further certify that the information			
indicated on this annual report or appliemental annual 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 ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changet, or on an appears with an address, with all other like empowered.							