


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90033 037 \*\*\*150.00

**DOCUMENT # F98000006087**

1. Entity Name  
**G. HERSCHMAN ARCHITECTS, INC.**



Principal Place of Business  
**23625 COMMERCE PARK ROAD  
 BEACHWOOD, OH 44122**

Mailing Address  
**23625 COMMERCE PARK ROAD  
 BEACHWOOD, OH 44122**

**00007438**

2. Principal Place of Business  
**25001 EMERY RD**

3. Mailing Address  
**25001 EMERY RD**

Suite, Apt. #, etc.  
**400**



01112006 Chg-P CR2E034 (11/05)

City & State  
**CLEVELAND OH**

4. FEI Number  
**34-1202956**

Applied For  
 Not Applicable

Zip  
**44128**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, JUDSON</b>	NAME	
STREET ADDRESS	<b>3959 ORANGWOOD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE, OH 44122</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISLIP, MICHAEL</b>	NAME	
STREET ADDRESS	<b>9289 WYANT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MENTOR, OH 44060</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERSON, CAROLE</b>	NAME	
STREET ADDRESS	<b>14807 CAVES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL, OH 44072</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.

SIGNATURE: *Carole Sanderson* **12 Jan 06** **216 223 3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CAROLE SANDERSON**