


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006087**

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



Principal Place of Business <b>25001 EMERY RD          400          CLEVELAND, OH 44128</b>	Mailing Address <b>25001 EMERY RD          400          CLEVELAND, OH 44128</b>
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1202956</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, JUDSON 3959 ORANGEWOOD ORANGE, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISLIP, MICHAEL 9289 WYANT MENTOR, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDERSON, CAROLE 14807 CAVES RUSSELL, OH 44072
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000602310  
 01/26/07-80084-014 150.00

**DO NOT WRITE IN THIS SPACE**

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* **5 JAN 07 2162233200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*CAROLE SANDERSON*