


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004542
 1. Entity Name
 OVE ARUP & PARTNERS, P.C.



Principal Place of Business: 155 AVENUE OF THE AMERICAS, NEW YORK, NY 10013
 Mailing Address: 155 AVENUE OF THE AMERICAS, 11TH FLOOR ATTN LOUIS CURATOLO, NEW YORK, NY 10013 US



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-3473570 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VD HILL, TERENCE 13 FITZROY ST LONDON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILES, JOHN 13 FITZROY ST LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALMOND, CECIL 13 FITZROY ST LONDON, UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOBLE, LAURENCE 901 MARKET ST #260 SAN FRANCISCO, CA 94103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/10/05-80002-006 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LS Noble L.S. NOBLE 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #