

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006283

FILED
Jan 12, 2009
Secretary of State

Entity Name: HOEFER WYSOCKI ARCHITECTS, LLC

Current Principal Place of Business:

612 W 47TH STREET STE 300
KANSAS CITY, MO 64112

New Principal Place of Business:

Current Mailing Address:

612 W 47TH STREET STE 300
KANSAS CITY, MO 64112

New Mailing Address:

621 W 47TH STREET STE 300
KANSAS CITY, MO 64112

FEI Number: 36-4095388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WYSOCKI, DAVID
Address: 612 W 47TH STREET STE 300
City-St-Zip: KANSAS CITY, MO 64112

Title: MGR () Delete
Name: HOEFER, MITCHELL
Address: 612 W 47TH STREET STE 300
City-St-Zip: KANSAS CITY, MO 64112

Title: MGR () Delete
Name: BERMAN, KEVIN
Address: 612 W 47TH ST STE 300
City-St-Zip: KANSAS CITY, MO 64112

Title: MGR () Delete
Name: HENTON, KEN
Address: 612 W 47TH ST STE 300
City-St-Zip: KANSAS CITY, MO 64112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRIS ANDERSEN

VP

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date