## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003571

Apr 27, 2011 Secretary of State

Entity Name: FT. LAUDERDALE CHAPTER OF AMERICAN INSTITUTE OF ARCHITECTS INC.

Current Principal Place of Business: New Principal Place of Business:

3201 W. COMMERCIAL BLVD SUITE 225 FT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

3201 W. COMMERCIAL BLVD SUITE 225 FT LAUDERDALE, FL 33309

FEI Number: 59-3194582 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRA, JOHN AIA
3201 W COMMERCIAL BLVD
3201 W COMMERCIAL BLVD
SUITE 225
FT LAUDERDALE, FL 33309 US
SAINMERVIL, CHRISTINA
3201 W COMMERCIAL BLVD
SUITE 225
FT LAUDERDALE, FL 33309 US

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: CHRISTINA SAINMERVIL 04/27/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: LONDON, YVETTE V AIA

Address: 3201 W COMMERCIAL BLVD, SUITE 225

City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP

Name: WARSECK, KAREN AIA

Address: 3201 W COMMERCIAL BLVD, SUITE 225

City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S

Name: GARRA, JOHN AIA

Address: 3201 W COMMERCIAL BLVD, SUITE 225

City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T

Name: GUISO, DANILO AIA

Address: 3201 W COMMERCIAL BLVD, SUITE 225

City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD

Name: KHACHANE, ANIL V AIA

Address: 3201 W COMMERCIAL BLVD, SUITE 225

City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ED

Name: SAINMERVIL, CHRISTINA

Address: 3201 W COMMERCIAL BLVD, SUITE 225 City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA SAINMERVIL ED 04/27/2011