

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092445

FILED
Apr 07, 2009
Secretary of State

Entity Name: PARSONS ARCHITECTURE OF FLORIDA INC.

Current Principal Place of Business:

4701 HEDGEMORE DRIVE
CHARLOTTE, NC 28209

New Principal Place of Business:

Current Mailing Address:

4701 HEDGEMORE DRIVE
CHARLOTTE, NC 28209

New Mailing Address:

16055 SPACE CENTER BLVD
SUITE 725
HOUSTON, TX 77062

FEI Number: 26-0749177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRKLIN, WILLIAM D
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: EXV () Delete
Name: SMALL, JOHN F
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: V () Delete
Name: MASTORIS, CAROL
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: AS () Delete
Name: JOHANSON, THOMAS L
Address: 100 WEST WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: VAS () Delete
Name: MILLHONE, WILLIAM JR.
Address: 980 NINTH STREET #2350
City-St-Zip: SACRAMENTO, CA 95814

Title: VS () Delete
Name: NUGENT, ROBERT F
Address: 150 FEDERAL STREET, 4TH FLOOR
City-St-Zip: BOSTON, MA 02119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EXV (X) Change () Addition
Name: WALSH, MICHAEL M
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: T (X) Change () Addition
Name: MASTORIS, CAROL
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L JOHANSON

AS

04/07/2009

Electronic Signature of Signing Officer or Director

Date