

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22387

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** BSB DESIGN, INC. ARCHITECTURE AND COMMUNITY PLANNING

**Current Principal Place of Business:**

6601 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266 US

**New Principal Place of Business:**

6601 WESTOWN PARKWAY  
SUITE 240  
WEST DES MOINES, IA 50266 US

**Current Mailing Address:**

6601 WESTOWN PARKWAY  
SUITE 240  
WEST DES MOINES, IA 50266 US

**New Mailing Address:**

**FEI Number:** 42-1328469      **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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SHARP, DOUGLAS  
Address: 6601 WESTOWN PARKWAY, SUITE 240  
City-St-Zip: WEST DES MOINES, IA 50266 US

Title: DVS  
Name: BUSTER, DOUGLAS  
Address: 3436 N. KENNICOTT, SUITE 100  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004 US

Title: DV  
Name: PATTERSON, DERYL  
Address: 11512 LAKE MEAD AVENUE, UNIT 301  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DV  
Name: SAFIN, JOE  
Address: 3436 N. KENNICOTT, SUITE 100  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004 US

Title: DV  
Name: MOORE, LARRY  
Address: 6601 WESTOWN PARKWAY, SUITE 240  
City-St-Zip: WEST DES MOINES, IA 50266 US

Title: DV  
Name: SWIFT, DAN  
Address: 6601 WESTOWN PARKWAY, SUITE 240  
City-St-Zip: WEST DES MOINES, IA 50266 US

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

SIGNATURE: DOUGLAS SHARP

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date