

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25381

FILED
Jan 06, 2006
Secretary of State

Entity Name: CALLISON ARCHITECTURE, INC.

Current Principal Place of Business:

1420 FIFTH AVE., STE 2400
SEATTLE, WA 98101

New Principal Place of Business:

Current Mailing Address:

1420 FIFTH AVE., STE 2400
SEATTLE, WA 98101

New Mailing Address:

FEI Number: 91-0952399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: CEDS () Delete
Name: KARST, WILLIAM
Address: 1420 5TH AVE., SUITE 2400
City-St-Zip: SEATTLE, WA 981012343

Title: PDT () Delete
Name: TINDALL, ROBERT
Address: 1420 5TH AVE, SUITE 2400
City-St-Zip: SEATTLE, WA 981012343

Title: COOD () Delete
Name: EPPLE, STEVEN
Address: 1420 5TH AVE, SUITE 2400
City-St-Zip: SEATTLE, WA

Title: D () Delete
Name: BIERLY, JOHN
Address: 1420 5TH AVE STE 2400
City-St-Zip: SEATTLE, WA 98101

Title: D () Delete
Name: STAFFORD, PAULA
Address: 1420 5TH AVE STE 2400
City-St-Zip: SEATTLE, WA 98101

Title: D (X) Delete
Name: WICKWIRE, GEORGE
Address: 1420 5TH AVE STE 2400
City-St-Zip: SEATTLE, WA 98101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: STEVEN E. EPPLE

Electronic Signature of Signing Officer or Director

MR.

01/06/2006

_____ Date