

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 358188

**Entity Name:** RICHARD L. BOWEN A.I.A. & ASSOCIATES, ARCHITECTS & PLANNERS, INC.

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8172604526**

**Current Principal Place of Business:**

13000 SHAKER BLVD  
CLEVELAND, OH 44120

**Current Mailing Address:**

13000 SHAKER BLVD  
CLEVELAND, OH 44120 US

**FEI Number: 59-1304137**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BOWEN, RICHARD L  
Address 13000 SHAKER BLVD  
City-State-Zip: CLEVELAND OH 44120

Title TREASURER  
Name IRWIN, ELIZABETH  
Address 8280 CREEKSIDE TRAIL  
City-State-Zip: BROADVIEW HTS. OH 44147

Title SECRETARY  
Name LICHKO, GREGORY  
Address 18500 LAKE RD, 230 BRIDGE BLDG  
City-State-Zip: CLEVELAND OH 44116

*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: GREGORY LICHKO**

**SECRETARY**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date