

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358188

Entity Name: RICHARD L. BOWEN A.I.A. & ASSOCIATES, ARCHITECTS & PLANNERS, INC.**FILED**
May 01, 2014
Secretary of State
CC4643551461**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	Title	SD
Name	BOWEN, RICHARD L	Name	IRWIN, ELIZABETH SECY
Address	13000 SHAKER BLVD	Address	8280 CREEKSIDE TRAIL
City-State-Zip:	CLEVELAND OH 44120	City-State-Zip:	BROADVIEW HTS. OH 44147
Title	TR	Title	MS.
Name	LICHKO, GREGORY MTREA	Name	BOWEN, GAIL MADM
Address	18500 LAKE RD, 230 BRIDGE BLDG	Address	13000 SHAKER BLVD
City-State-Zip:	CLEVELAND OH 44116	City-State-Zip:	CLEVELAND OH 44120

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: RICHARD L. BOWEN**PRESIDENT****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date