

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826050
1. Corporation Name
Karlsberger Architecture Inc.

Principal Place of Business: 99 East Main Street, Columbus, Ohio 43215
Mailing Address: 99 East Main Street, Columbus, Ohio 43215

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 23)
Zip (24, 25) Country (28, 29)

3. Date incorporated or Qualified: 4/13/71
3a. Date of Last Report: 1/24/96
4. FEI Number: 31-0822139
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	Karlsberger, Robert L.	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			
TITLE	S	Wright, Judith A.	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			
TITLE	CD	Tyne, Michael D.	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			
TITLE	PD	Barger, Richard, AIA	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			
TITLE	T	Anderson, William O.	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			
TITLE	VD	Plappert, John J. AIA	<input type="checkbox"/> DELETE
NAME		99 East Main Street	
STREET ADDRESS		Columbus, Ohio 43215	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith A. Wright 5/27/97 6144619500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)