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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826050
 1. Corporation Name
KARLSBERGER ARCHITECTURE INC.

Principal Place of Business 99 EAST MAIN ST COLUMBUS OH 43215 US	Mailing Address 99 EAST MAIN ST COLUMBUS OH 43215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1971
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-0822139 Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
9. Name and Address of Current Registered Agent		30
10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSBERGER, ROBERT L. AIA	1.2 NAME	
STREET ADDRESS	99 E. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JUDITH A.	2.2 NAME	
STREET ADDRESS	99 E. MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNE, MICHAEL D.	3.2 NAME	
STREET ADDRESS	99 E. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGER, RICHARD AIA	4.2 NAME	
STREET ADDRESS	99 E. MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM O.	5.2 NAME	
STREET ADDRESS	99 E. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAPPERT, JOHN J	6.2 NAME	
STREET ADDRESS	99 EAST MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Robert L. Karlsberger* 1-15-99 Date 6144619500 Daytime Phone #

CR2E034 (1/98)

176853-9026-40
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KARLSBERGER ARCHITECTURE INC.

D V

James A. McLaughlin, AIA
99 East Main Street
Columbus, Ohio 43215

D V

Richard G. Carpenter, AIA
99 East Main Street
Columbus, Ohio 43215

D C

Michael D. Tyne, Chairman
99 East Main Street
Columbus, Ohio 43215

D V

John J. Plappert, AIA
99 East Main Street
Columbus, Ohio 43215

D V

Frank Eilam, AIA
99 East Main Street
Columbus, Ohio 43215

D V

Linda Wilson, AIA
2509 7th Avenue South
Birmingham, Alabama 35233

D T

William O. Anderson
99 East Main Street
Columbus, Ohio 43215

S

Judith A. Wright
99 East Main Street
Columbus, Ohio 43215

D V

R. David North, AIA, Senior Vice President
99 East Main Street
Columbus, Ohio 43215

D V

Robert N. Baughman, AIA, Vice President
99 East Main Street
Columbus, Ohio 43215

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KARLSBERGER ARCHITECTURE INC. (continued)

D V

Robert Grundey, AIA, Vice President
99 East Main Street
Columbus, Ohio 43215

D P

Richard Barger, AIA
99 East Main Street
Columbus, Ohio 43215