

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90042 027 ***158.75

DOCUMENT # 826050

1. Entity Name

KARLSBERGER ARCHITECTURE INC.

Principal Place of Business

Mailing Address

99 EAST MAIN ST
 COLUMBUS OH 43215
 US

99 EAST MAIN ST
 COLUMBUS OH 43215
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0822139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, JUDITH A.	
STREET ADDRESS	99 E. MAIN STREET	
CITY - ST - ZIP	COLUMBUS OH 43215	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TYNE, MICHAEL D.	
STREET ADDRESS	99 E. MAIN STREET	
CITY - ST - ZIP	COLUMBUS OH 43215	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARGER, RICHARD AIA	
STREET ADDRESS	99 E. MAIN STREET	
CITY - ST - ZIP	COLUMBUS OH 43215	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM O.	
STREET ADDRESS	99 E. MAIN STREET	
CITY - ST - ZIP	COLUMBUS OH 43215	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PLAPPERT, JOHN J	
STREET ADDRESS	99 EAST MAIN ST	
CITY - ST - ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith A. Wright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01 (64) 4619500
 Date Daytime Phone #

CR2E034 (10/00)