

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001299

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** MACGREGOR ASSOCIATES ARCHITECTS, INC.

**Current Principal Place of Business:**

2839 PACES FERRY RD NW SUITE 500  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

2839 PACES FERRY RD NW SUITE 500  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 58-1758152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACGREGOR, JAMES BRUCE  
Address: 2839 PACES FERRY RD NW SUITE 500  
City-St-Zip: ATLANTA, GA 30339

Title: VPD  
Name: LEONARD, RICHARD P  
Address: 2839 PACES FERRY RD NW SUITE 500  
City-St-Zip: ATLANTA, GA 30339

Title: SD  
Name: RADER, LEE F  
Address: 2839 PACES FERRY RD NW SUITE 500  
City-St-Zip: ATLANTA, GA 30339

Title: TD  
Name: CHIAPPINA, FEDERICO  
Address: 2839 PACES FERRY RD NW SUITE 500  
City-St-Zip: ATLANTA, GA 30339

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: JAMES BRUCE MACGREGOR

PRES

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date