



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 102944		2. Name of Corporation G. HERSCHMAN ARCHITECTS INC			
3. Street Address Principal Business Office 25001 EMERY ROAD #400		City CLEVELAND	State OH	Zip 44128	
4. Business Phone No. 216 223 3200		5. State of Incorporation OHIO			
6. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL AND ENGINEERING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MIKE CRISLIP			Vice President Name JUD KLINE		
Street Address 9289 WYANT			Street Address 3959 ORANBWOOD		
City MENTOR	State OH	Zip 44060	City ORANBE	State OH	Zip 44122
Secretary Name / TREASURER CAROLE SANDERSON			Treasurer Name		
Street Address 14807 CAVES			Street Address		
City RUSSELL	State OH	Zip 44072	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMMON	0	100		0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 04 2008
By 34948

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: CAROLE SANDERSON Date: 1-18-08
Print or Type Name: CAROLE SANDERSON
Title: CFO

File Date _____
Check No. _____
By: _____
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