



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1311
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102944		2. Name of Corporation G. Herschman Architects, Inc.			
3. Street Address Principal Business Office 23625 COMMERCE PARK		City BEACHWOOD		State OH	Zip 44122
4. Business Phone No. 216 464 4144		5. State of Incorporation OHIO			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL SERVICES.					
8. 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 ORANGEWOOD		
City MENTOR	State OH	Zip 44060	City ORANGE	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
9. 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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			100	-	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



102944

File Date	1-14-05
Check No.	30594
By:	<i>Carole Sanderson</i>
FOR SECRETARY OF STATE USE ONLY	

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.

Carole Sanderson 5 JAN 05
Signature of Officer Date

CAROLE SANDERSON
Print or Type Name of Officer

TREASURER
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Str.
Providence, RI 02903-13
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102944		2. Name of Corporation G. Herschman Architects, Inc.			
3. Street Address Principal Business Office 23625 COMMERCE PARK		City CLEVELAND	State OH	Zip 44122	
4. Business Phone No. 216 464 4144		5. State of Incorporation OHIO		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MIKE CRISLIA			Vice President Name JUD KLINE		
Street Address 9289 WYANT			Street Address 3959 ORANGEWOOD		
City MENTOR	State OH	Zip 44060	City ORANGE	State OH	Zip 44122
Secretary Name / TREAS CAROLE SANDERSON			Treasurer Name		
Street Address 14807 CAVES			Street Address		
City RUSSELL	State OH	Zip 44072	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name S. J. FEAS			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			100	N/A	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-2-04
Check No.	29246
By:	UP

FOR SECRETARY OF STATE USE ONLY

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 of Officer
CAROLE SANDERSON
Date
26 JAN 04
Print or Type Name of Officer
CAROLE SANDERSON
Treasurer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of Sta.
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102944
2. Name of Corporation G. Herschman Architects, Inc.
3. Street Address Principal Business Office
23625 COMMERCE PARK
4. Business Phone No. 216 464 4144 5. State of Incorporation OHIO
7. Brief Description of the Character of Business Conducted in Rhode Island
ARCHITECTURAL SERVICES

City BEACHWOOD State OH Zip 44122
6. SIC Code 7682

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name MIKE CRISLIP
Street Address 9289 WYANT
City MENTOR State OH Zip 44060
Secretary Name TREASURER
CAROLE SANDERSON
Street Address 14807 CAVES
City RUSSELL State OH Zip 44072

Vice President Name JUD KLINE
Street Address 3959 ORANGEWOOD
City ORANGE State OH Zip 44122
Treasurer Name CHAIRMAN
JERRY HERSCHMAN
Street Address 31700 CEDAR
City PEPPERPIKE State OH Zip 44124

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE	N/A	0

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	N/A	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 2 9 4 4 *

File Date: 2/7/03

Check No.: 27833

By: Carole Sanderson

FOR SECRETARY OF STATE USE ONLY

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 of Officer Carole Sanderson Date 29 JAN 03

Print or Type Name of Officer CAROLE SANDERSON

Title of Officer SECY - TREASURER



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102944		2. Name of Corporation G. Herschman Architects, Inc.			
3. Street Address Principal Business Office 23625 COMMERCE PARK		City BEACHWOOD	State OH	Zip 44122	
4. Business Phone No. 216 464 4144		5. State of Incorporation OHIO		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE ARCHITECTURAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JERRY HERSCHMAN		Vice President Name MIKE CRISLIP			
Street Address 31700 CEDAR		Street Address 9289 WYANT			
City PEPPER PIKE	State OH	City MENTOR	State OH	Zip 44060	
Secretary Name JUD KLINE		Treasurer Name SECY CAROLE SANDERSON			
Street Address 3959 ORANGEWOOD		Street Address 14801 HOOK HOLLOW			
City ORANGE	State OH	City RUSSELL	State OH	Zip 44072	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS OFFICERS		Director Name			
Street Address		Street Address			
City	State	City	State	Zip	
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			100	COMMON	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 2 9 4 4 *

File Date: 1/31/02
Check No.: 25510
By: 915
FOR SECRETARY OF STATE USE ONLY

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 of Officer: CAROLE SANDERSON Date: 21 JAN 02
Print or Type Name of Officer: CAROLE SANDERSON
TREASURER / SECRETARY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-13.
401-222-30.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102944 2. Name of Corporation G. Herschman Architects, Inc.

3. Street Address Principal Business Office 23625 COMMERCE PARK City BEACHWOOD State OH Zip 44122
4. Business Phone No. 216 464 4144 5. State of Incorporation OHIO 6. SIC Code 7682

7. Brief Description of the Character of Business Conducted in Rhode Island

ARCHITECTS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY HERSCHMAN</u> Street Address <u>31700 CEDAR</u> City <u>PEPPER PIKE</u> State <u>OH</u> Zip <u>44124</u>	Vice President Name <u>JUD KLINE</u> Street Address <u>3959 ORANGEWOOD</u> City <u>ORANGE</u> State <u>OH</u> Zip <u>44122</u>
Secretary Name <u>VP</u> <u>MIKE CRISLIP</u> Street Address <u>9289 WYANT</u> City <u>MENTOR</u> State <u>OH</u> Zip <u>44060</u>	Treasurer Name <u>CAROLE SANDERSON</u> Street Address <u>14801 HOOK HOLLOW</u> City <u>RUSSELL</u> State <u>OH</u> Zip <u>44072</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Street Address City State Zip	Director Name Street Address City State Zip
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>500 COMM NO PAR VALUE</u>		<u>0</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>0</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 1 0 2 9 4 4 *

File Date: 1/26

Check No.: 22371

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 10 Jan 01
Signature of Officer Date

CAROLE SANDERSON
Print or Type Name of Officer

TREASURER



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102944** 2. Name of Corporation **G. Herschman Architects, Inc.**
3. Street Address Principal Business Office **23625 COMMERCE PARK** City **BEACHWOOD** State **OH** Zip **44122**
4. Business Phone No. **216 464 4144** 5. State of Incorporation **OH** 6. SIC Code **7682**
7. Brief Description of the Character of Business Conducted in Rhode Island **ARCHITECTS**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name **JERRY HERSCHMAN** Vice President Name **JUD KLINE**
Street Address **31700 CEDAR** Street Address **3959 ORAN6EW00D**
City **PEPPER PIKE** State **OH** Zip **44124** City **ORAN6E** State **OH** Zip **44122**
Secretary Name **VP** Treasurer Name **/SECY**
MIKE CRIGLI **CAROLE SANDERSON**
Street Address **9289 WYANT** Street Address **14801 HOOK HOLLOW**
City **MENTOR** State **OH** Zip **44060** City **RUSSELL** State **OH** Zip **44072**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name **N/A** 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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE **0** **100** **COMMON** **0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 2 9 4 4 *

File Date: **1/21/00**

Check No.: **20088**

By: **C**

FOR SECRETARY OF STATE USE ONLY

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.

Carole Sanderson **15 JAN 00**
Signature of Officer Date

CAROLE SANDERSON
Print or Type Name of Officer

TREASURER / SECY
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1310
401-277-3000



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>102944</u>		2. Name of Corporation <u>G. HERSCHMAN ARCHITECTS, INC</u>	
3. Street Address Principal Business Office <u>23625 COMMERCE PARK</u>		City <u>BEACHWOOD</u>	State <u>OH</u>
4. Business Phone No. <u>216 464 4144</u>		5. State of Incorporation <u>OH</u>	
6. SIC Code <u>7682</u>			
7. Brief Description of the Character of Business Conducted in Rhode Island <u>PROVIDE ARCHITECTURAL SERVICES FOR PROJECTS</u>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <u>JERRY HERSCHMAN</u>		Vice President Name <u>JUD KLINE</u>	
Street Address <u>31700 CEDAR</u>		Street Address <u>3959 ORANGEWOOD</u>	
City <u>PEPPER PIKE</u>	State <u>OH</u>	City <u>ORANGE</u>	State <u>OH</u>
Zip <u>44124</u>		Zip <u>44122</u>	
Secretary Name <u>MIKE CRISLIP</u>		Treasurer Name <u>CAROLE SANDERSON</u>	
Street Address <u>9289 WYANT</u>		Street Address <u>14801 HOOK HOLLOW</u>	
City <u>MENTOR</u>	State <u>OH</u>	City <u>RUSSELL</u>	State <u>OH</u>
Zip <u>44060</u>		Zip <u>44072</u>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <u>SAME AS 8</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<u>500</u>	<u>Common</u>	<u>100</u>	<u>Common</u>
Par Value		Par Value	
<u>0</u>		<u>0</u>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: PAID 10/10/99 016/57

Check No.: 16310

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Carole Sanderson 21 JUL 99
Signature of Officer Date

CAROLE SANDERSON
Print or Type Name of Officer

TREASURER