

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 _______ 2005

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fee: \$50.00	TON THE LEAN	200	<u> </u>		
1. Corporate ID No	2. Name of Corporation						
3. Street Address Principal Business C	G. Herschman	Architects, Inc.					
23625 COM	NERCE PA	RK	BEACHWOOD	State	44122		
4 Business Phone No. 216 464 414		5. State of Incorporation OHIO			6. SIC Code 7682		
7. Brief Description of the Character of ARCHITECTURAL SER	of Business Conducted in I VICES.	Rhode Island			<u> </u>		
8. NAMES AND ADDRESSES President Name MIKE CRISCIT	ρ	("X" BOX FOR ATTA	CHMENT) FILL IN SP. Vice President Name TUO KLINE	ACES BEFORE USING	ATTACHMENTS		
Sirver Address 9289 WYANT			Street Address	6EWOOD			
MENTOR	Since OH	zip 44060	City ORANGE	State OH	Zip 4412Z		
Secretary Name / TREASURE CAROLE SA	R INDERSON		Tennemer Arme	••••••••••	•••••••••••••••••••••••••••••••••••••••		
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RUSSELL	State OH	7407Z	City	State	Zip		
Director Name	OF THE DIRECTOR	_	ACHMENT) [] FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS		
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10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	ICHMENT) [: 11. SHARES ISSUED ("X ISSUED SHARES	" BOX FOR ATTACH	MENT) [
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be si	igned in ink by cithe	er the President, Vice Pr	esident. Secretary, Assistant	Secretary, Treasurer, I	Receiver or Trustee		
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File Date	02		Signature of Officer	zidewol	SJANOS Date		
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FOR SECRETARY OF STATE	TE USE ONLY	=	Print or Type Name of OL TREASU				
			Title of Officer	· · · · · · · · · · · · · · · · · · ·			



File Date

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

Matthew A. Brown, Secretary of State

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

401.222.30

1. Corporate ID No.	2. Name of Corpo	ration					
102944	G. Herschm	an Architects, Inc.					
3. Street Address Principal Busi 23625 CO			CLEVELAN	O State	21p 44122		
4 Business Phone No. 216 464		5 State of Incorporation OHIO	न		6. SIC Code 7682		
7. Brief Description of the Char ARCHITECTURAL S	ERVICES.				_		
8. NAMES AND ADDRE: President Name MIKE CA	_	ERS: ("X" BOX FOR A)	TACHMENT) [] FILL IN Vice President Name ナンカードム	SPACES BEFORE USIN	G ATTACHMENTS		
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CUYMENTOR	State OH	zip 44060	CHY ORANGE	State OH	21p 44122		
Secretary Name /TREAS <u>CAROLE</u> Street Address	SANDER	30N_	Treasurer Name	,			
14807 C	CAVES		Street Address				
RUSSEIL	State O H	44072	Guy	State	Zip		
9. NAMES AND ADDRES (अस्टर्स्स) Name (क्रि.स)		CTORS: ("X" BOX FOR .	ATTACHMENT) [] FILL Director Name	IN SPACES BEFORE US	ING ATTACHMENTS		
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Print or Type Name of Officer Reasurer FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all stateme

contained herein are true and correct.

Edward S. Inman, 111, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133

401-222-304

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Secretary Siame TREASURER CAROLE SAI Street Address	NDERSO	\mathcal{M}	JERRY HE	ERSCHMA	N
City MENTOR RECEILED NAME TREASURER		^{2.ip} 44060	CITY ORANGE TARRIER CHAIR		44122
Street Address 9289 W) City		Zio .	3959 0	RANGE WO	
MIKE CRISL			JUO KLII		
8. NAMES AND ADDRESSI		ERS (*X* BOX FOR ATTACHN	Vice President Name	FORE USING ATTACHN	IENTS
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216 464 L	' ' '	OHIO			7682
4. Business Phone No.	NERCE	S. State of Incorporation	"BEACHWOOL	D UH	44122 6. SIC Code
102944 3. Street Address Principal Business Of	G. Herschman A	Architects, Inc.	City	State OII	2(p. 1 . 1 . 1
1. Corporate ID No.	2. Name of Corporation				. 🔙
Filing Period: January 1 FORM MUST BE TYPED OR PRINTEI	-March 1 • F	iling Fec: \$50.00			PULSER INSTRUCE
PROFIT CORPO	DRATION A	ANNUAL REP	ORT FOR THE	YEAR 2003	SIQ PU ASS R

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



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 berein are true and correct.

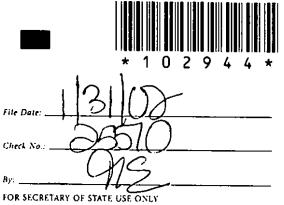


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE

10. SHARES AUTHORIZED AUTHORIZED SHARES Sumher of Shares 500 COMM NO PAR VALUE	Class/Series		11. SHARES ISSUED (*X*) * ISSUED SHARES **Number of Shares **100	ROX FOR ATTACHMENT) Class/Series COMMON	Par Value
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9. NAMES AND ADDRESS	OH ES OF THE DIRECT	44122	RUSSELL	OH	44072
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Secretary Harry VP	OH	44124	Trium. 1.	011	44060
31700 CEVA. PEPPER PIKE	State	Zip	City MEDUTOR	State	Zip
Street Address			Street Address . 9289 WYAN		
President Name	CHMAN		Vice President Name MIKE CRISL		
PROVIDE ARCH 8. NAMES AND ADDRESS			HMENT) FILL IN SPACES BE	FORE USING ATTACHN	IENTS
216 464 414 7. Brief Description of the Character	of Business Conducted in Ri				7682
4. Business Phone No.		5. State of Incorporation	DEACHWOOD	OH	44122 6. SIC Code
3. Street Address Principal Business C 23625 COMM	_	クレ	cuy BEACHWOOD	State	Zip ////27
102944	G. Herschman				
1. Corporate ID No.	2. Name of Corporation		. <u> </u>	•	
(FORM MUST BE TYPED IN BLAC	CK)				INSTRUC



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.

Print or Type Name of Officer

TREASURER

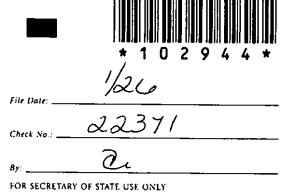


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

PROFIT CORP	ORATION 1-March 1 •	ANNUAL REP	ORT FOR THE	YEAR 2001	STOP PLEASE REA INSTRUCTION
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No. 102944	2. Name of Corporat G. Hersch	on Architects,	Inc.	·· · · - · · · · · · · · · · · · ·	
3. Street Address Principal Business		`	City	State	Z!p
236 25 COM. Business Phone No.		ARK 5. State of Incorporution OHIO	BEACHWOOD	OH	44122
216 464 4	r of Business Conducted in	5.1.2.5			1002
ARCH ITO B. NAMES AND ADDRES		CERS (*X* BOX FOR ATTACH	MENTI FILL IN SPACES REI	FORE USING ATTACHM	FATC
President Name	_		Vice President Name	one como Arman	6.115
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31700 C		21.	3959 ORA	NGE WOOD	
PEPPER PIK	e OH	44124	ORANGE	State OH	44122
MIKE CRIS	SLIP		Treasurer Name CAROLE S1	ANDERSON)
9289 Wy	IANT		Street Address 14801 HOOM	x Howow	
MENTOR	State OH	44060	RUSSELL	State	44072
D. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS (*x* box for atta	CHMENT) FILL IN SPACES B Offector Name	BEFORE USING ATTACH	MENTS
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste-



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.

Laule Adelson 10 gar 0/

CHROLE SANDERSOI
Print or Type Name of Officer

TREASURER



James R. Langevin, Secretary of St. Corporations Divisi 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

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1. Corporate 1D No.

2. Name of Corporation

3. Street Address Principal Busi 23625 CO 4. Business Phone No.	MMERCE F	ARK 5. State of Incorporation	BEACHWOOD	State OH	Zip 44122 6. SIC Code
216 464 4	1144 acter of Business Conducted in	•			7682
ARCHITECT.	5				
8. NAMES AND ADDI President Name	RESSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHN	IENTS
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MIKE CRIE	SUP		Treasurer Name /SECV CAROLE SA	WDERSON	
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ile Date:	* 102944*
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, anthat all statements contained herein are true and correct.

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Signature of Officer	7		Date
CAROLF	< Ansh	E04017	

Print or Type Name of Officer

TREASURER



James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13; 401-277-30

PROFIT COR	PORATIOI	N ANNUA! Filing Fee: 5	REPORT	FOR THE	YEAR <u>190</u>	7 9)	STO PLEASE RES
(FORM MUST BE TYPED IN B. 1. Corporate ID No. 1029以上	1 Name (Co.)	oration FRS HM	N ARCHI	TECTZ I	 A 1 C	-	
3. Street Address Principal Busine 23625 CC 4. Business Phone No.	oss Office DMMERC	E PARK 5. State of Inc	BE	ACHWOOL	state OH	Zip L L L L L L L L L L L L L L L L L L L	122
216 464 L 7. Brief Description of the Charac		ed in Rhode Island	·			76	582
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MENTOR	State OH	• • -			OK HOLL State OH	OU HL	1072
9. NAMES AND ADDRE Director Name		RECTORS (*x* 80) AME AS	Director No	ame			
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Director Name		·	Director No	ame		;	in Ci
Street Address			Street Addi	ess			
City	State	ZIp	City		State	Zip -	

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

ESSUED SHARES

Number of Shares

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FOR SECRETARY	OF STATE	E USE ONL	Y		

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

Class/Series

COMMON

Par Value

0

ALTHORIZED SHARES

Number of Shares

500

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.

Class/Series

COMMON

Par Value

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Signature of Officer (D	ate		_
CAROLE	SAN	PERSOI	V			
Print or Tune Name o	Officer					_

TREASURER

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