



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 02903-1335
401.222.3040

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. 100053		2. Name of Corporation Chipman/Adams, Ltd.			
3. Street Address Principal Business Office 1550 N. Northwest Highway, 4th Floor		City Park Ridge	State Illinois	Zip 60068	
4. Business Phone No. 847/298-6900		5. State of Incorporation ILLINOIS			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. CHIPMAN			Vice President Name R. DARYL ADAMS		
Street Address 1550 N. Northwest Highway, 4th Floor			Street Address 1550 N. Northwest Highway, 4th Floor		
City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Secretary Name DEBORAH CHIPMAN			Treasurer Name R. DARYL ADAMS		
Street Address 1550 N. Northwest Highway, 4th Floor			Street Address 1550 N. Northwest Highway, 4th Floor		
City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN A. CHIPMAN			Director Name R. DARYL ADAMS		
Street Address 1550 N. Northwest Highway, 4th Floor			Street Address 1550 N. Northwest Highway, 4th Floor		
City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
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
1,000 COMM NO PAR VALUE			1,000	Common	NPV

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



100053

File Date	2-14-05
Check No.	10437
By:	LAB
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
John A. Chipman
Date
02/10/2005
Print or Type Name of Officer
President
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 Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Secretary Name DEBORAH CHIPMAN			Treasurer Name R. DARYL ADAMS		
Street Address 1550 N. Northwest Highway, 4th Floor			Street Address 1550 N. Northwest Highway, 4th Floor		
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City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Director Name ---			Director Name ---		
Street Address ---			Street Address ---		
City ---	State ---	Zip ---	City ---	State ---	Zip ---
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000	Common	NPV

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



* 1 0 0 0 5 3 *

File Date	1-26-04
Check No.	8627
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.

	1/19/2004
Signature of Officer	Date
John A. Chipman	
Print or Type Name of Officer	
President	
Title of Officer	



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
401-222-3040



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.

100053

2. Name of Corporation

Chipman/Adams, Ltd.

3. Street Address Principal Business Office

1550 N. Northwest Highway, 4th Floor

City

Park Ridge

State

Illinois

Zip

60068

4. Business Phone No.

847/298-6900

5. State of Incorporation

ILLINOIS

6. SIC Code

7682

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

Architecture Services

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

President Name

JOHN A. CHIPMAN

Vice President Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

Street Address

1550 N. Northwest Highway, 4th Floor

City

Park Ridge

State

IL

Zip

60068

City

Park Ridge

State

IL

Zip

60068

Secretary Name

DEBORAH CHIPMAN

Treasurer Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

Street Address

1550 N. Northwest Highway, 4th Floor

City

Park Ridge

State

IL

Zip

60068

City

Park Ridge

State

IL

Zip

60068

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

Director Name

JOHN A. CHIPMAN

Director Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

Street Address

1550 N. Northwest Highway, 4th Floor

City

Park Ridge

State

IL

Zip

60068

City

Park Ridge

State

IL

Zip

60068

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

NPV

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



* 1 0 0 0 5 3 *

File Date: 2/3/03

Check No.: 7109

By: dn

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

01/31/03

Date

John A. Chipman

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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
401-222-3040

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. 100053		2. Name of Corporation Chipman/Adams, Ltd.			
3. Street Address Principal Business Office 1550 N. Northwest Highway, 4th Floor		City Park Ridge	State Illinois	Zip 60068	
4. Business Phone No. 847/298-6900		5. State of Incorporation ILLINOIS		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island Architecture Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. CHIPMAN		Vice President Name R. DARYL ADAMS			
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor			
City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Secretary Name DEBORAH CHIPMAN		Treasurer Name R. DARYL ADAMS			
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor			
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Director Name JOHN A. CHIPMAN		Director Name R. DARYL ADAMS			
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor			
City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Director Name ---		Director Name ---			
Street Address ---		Street Address ---			
City ---	State ---	Zip ---	City ---	State ---	Zip ---
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares 1,000 COMM NO PAR VALUE	Class/Series ---	Par Value ---	Number of Shares 1,000	Class/Series Common	Par Value NPV

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



* 1 0 0 0 5 3 *

File Date: 2-15-02

Check No.: 4181

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 of Officer: [Signature] Date: 2/07/2002

Print or Type Name of Officer: John A. Chipman

Title of Officer: President



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

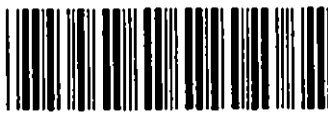
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 100053		2. Name of Corporation Chipman/Adams, Ltd.	
3. Street Address Principal Business Office 1550 N. Northwest Highway, 4th Floor		City Park Ridge	State Illinois
4. Business Phone No. 847/298-6900		5. State of Incorporation ILLINOIS	
6. Zip 60068			
7. Brief Description of the Character of Business Conducted in Rhode Island Architecture Services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOHN A. CHIPMAN		Vice President Name R. DARYL ADAMS	
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor	
City Park Ridge	State IL	City Park Ridge	State IL
Zip 60068		Zip 60068	
Secretary Name DEBORAH CHIPMAN		Treasurer Name R. DARYL ADAMS	
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor	
City Park Ridge	State IL	City Park Ridge	State IL
Zip 60068		Zip 60068	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JOHN A. CHIPMAN		Director Name R. DARYL ADAMS	
Street Address 1550 N. Northwest Highway, 4th Floor		Street Address 1550 N. Northwest Highway, 4th Floor	
City Park Ridge	State IL	City Park Ridge	State IL
Zip 60068		Zip 60068	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 1,000 COMM NO PAR VALUE	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 1,000	Class/Series Common	Par Value NPV	

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



* 1 0 0 0 5 3 *

File Date: 1/9/01

Check No.: 2845

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] 1/08/2001
Signature of Officer Date

John A. Chipman
Print or Type Name of Officer

President
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 02903-1335
401-222-3040



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. **100053**
2. Name of Corporation **Chipman/Adams, Ltd.**
3. Street Address Principal Business Office
1550 N. Northwest Highway, 4th Floor
4. Business Phone No. **847/298-6900**
5. State of Incorporation **ILLINOIS**

City **Park Ridge** State **Illinois** Zip **60068**
6. SIC Code **7682**

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

Architecture Services

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

President Name

JOHN A. CHIPMAN

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

Secretary Name

DEBORAH CHIPMAN

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

Vice President Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

Treasurer Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

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

Director Name

JOHN A. CHIPMAN

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

Director Name

Street Address

City **---** State **---** Zip **---**

Director Name

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

City **Park Ridge** State **IL** Zip **60068**

Director Name

Street Address

City **---** State **---** Zip **---**

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

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



* 1 0 0 0 5 3 *

File Date: 1/28/00

Check No: 1350

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] 1/20/2000
Signature of Officer Date

John A. Chipman

Print or Type Name of Officer

President

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 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 100053		2. Name of Corporation Chipman/Adams, Ltd.			
3. Street Address Principal Business Office 1550 N. Northwest Highway, 4th Floor		City Park Ridge	State Illinois	Zip 60068	
4. Business Phone No. 847/298-6900		5. State of Incorporation ILLINOIS			6. SIC Code R.I.#7682
7. Brief Description of the Character of Business Conducted in Rhode Island Architecture Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. CHIPMAN			Vice President Name R. DARYL ADAMS		
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City Park Ridge	State IL	Zip 60068	City Park Ridge	State IL	Zip 60068
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 1,000	Class/Series COMMON	Par Value NPV	Number of Shares 1,000	Class/Series Common	Par Value NPV

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

File Date: Feb 23, 99

Check No.: 11427

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 of Officer

John A. Chipman

Print or Type Name of Officer

President

Title of Officer

Date
2/17/99