

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

cw A. Brown, Secretary of State 401.222.3040

PROFIT CORPO Filing Period: January 1 - (FORM MUST BE TYPED OR PR	March I • Fili	NUAL REPOR	T FOR THE YEAR	200	5
1 Corporate ID No.	2. Name of Corporation	<u> </u>			
100053	Chipman/Ada:				
3. Street Address Principal Busines	Office		City	State	Zip
1550 N. Northwe	est Highway,	4th Floor	Park Ridge	Illinois	
4 Business Phone No. 847/298-6900		5. State of Incorporation ILLINOIS			6. SIC Code 7682
7. Brief Description of the Characte ARCHITECTURE.	r of Business Conducted in	n Rhode Island		· ··· -	
8. NAMES AND ADDRESSI	S OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS
President Name JOHN A. CHIPMAN	1		Nice President Name R. DARYL ADAM	S	
Street Address 1550 N. Northwe	est Highway,	4th Floor	Sircer Address 1550 N. Northy	vest Highway	, 4th Floor
Cuy Park Ridge	State IL j	2ip 60068	City Park Ridge	State IL	Zip 60068
Secretary Name DEBORAH CHIPMAN	·	<u>.</u>	Treasurer Name R. DARYL ADAMS		
1550 N. Northwe	est Highway,	4th Floor	Street Address 1550 N. Northw	est Highway,	4th Floor
Park Ridge	State IL	60068	_{Guy} Park Ridge	State IL	^{Zip} 60068
9. NAMES AND ADDRESSE Director Name JOHN A. CHIPMAN		PRS: ("X" BOX FOR A	TTACHMENT) FILL IN S		NG ATTACHMENTS
Street Address	ah Diebere	441- 773	Street Address		441 5 73
1550 N. Northwe	State	4th Floor Ζφ	1550 N. Northw	State	, 4thhFloor
Park Ridge	IL	60068	Park Ridge	IL	60068
Director Name	******************************		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	94.
•		7.7		Sinic	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 000 COMM NO DAD VAL		<u> </u>			
1,000 COMM NO PAR VAL	.ue 	<u> </u>	1,000	Common	NPV
This report must be	signed in ink by eit	her the President, Vice	President, Secretary, Assistant	Secretary, Treasurer	Receiver or Trustee
1 (20)	II IISH 28M BEK GAM		,		teres of transce
	*10005	■ 		nying schedules and state	at I have examined this report ements, and that all statemen
File Date 2-14	<u>_05</u>		_ Stull'	Mie .	02/10/2005
Check No 10 4	37		Signature (i) Officer (John A. C	// mipman	Daic
Ву:		_	Print or Type Name of O		
FOR SECRETARY OF S	TATE USE ONLY		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 _ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2004

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)					
1. Corporate ID No.	2. Name of Corporation	, <u> </u>	<u> </u>			
100053 Chipman/Adams, Ltd.						
3. Street Address Principal Business (~		City	State	Zip	
1550 N. Northwe	st Highway,		Park Ridge	Illinois	60068	
4 Business Phone No.		5. State of Incorporation		6. SIC Code		
847/298-6900	=	ILLINOIS			7682	
7. Brief Description of the Character ARCHITECTURE.					_	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATT	ACHMENT) FILL IN SP.	ACES BEFORE USING A	TTACHMENTS	
President Name			Vice President Name			
JOHN Λ. CHIPMAN			R. DARYL ADAMS	3		
Street Address 1550 N. Northwes	st Highway,	4th Floor	Street Address 1550 N. Northw	est Highway,	4th Floor	
^{City} Park Ridge	State I L	zφ 60068	City Park Ridge	State IL	Zip 60068	
Secretary Name DEBORAH CHIPMAN			Treasurer Name R. DARYL ADAMS	•	••••••••••••••	
Street Address	<u> </u>	· ·-	Street Address	-		
1550 N. Northwe	st Highway,	4th Ploor	1550 N. Northwest Highway, 4th Floor			
City	State	Zip	City	State	Zip	
Park Ridge	L IL	60068	Park_Ridge	IL	60068	
	OF THE DIRECTOR	S: ("X" BOX FOR A	TTACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS	
JOHN A. CHIPMAN			Prector Name R. DARYL ADAMS	;		
Street Address 1550 N. Northwes	st Highway,	4th Floor	Street Address 1550 N. Northw	est Highway,	4th Floor	
Park Ridge	State IL	60068	Cuy Park Ridge	State I L	Zip 60068	
Director Name	•	• • • • • • • • • • • • • • • • • • • •	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	" BOX FOR ATTACHM	FA'T)	
AUTHORIZED SHARES			ISSUED SHARES		<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR VALUE	 -		1,000	Common	NPV	
- I TO T AIL TALLE	<u> </u>		1,700			
This report must be s	signed in ink by eith	er the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee	

	* 1 0 0 0 5 3 *	
File Date Check No.	1-26-04	
Ву:	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

John A. Chipman

Print or Type Name of Officer

President

Title of Officer

Date

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 <u>2003</u>

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

100053

Chipman/Adams, Ltd.

3. Street Address Principal Business Office

1550 N. Northwest Highway, 4th Floor

4. Business Phone No.

5. State of Incorporation

Park Ridge

State

Illinois

60068 6. SIC Code

847/298-6900

ILLINOIS

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 Vice President Name

President Name

Street Address

JOHN A. CHIPMAN

R. DARYL ADAMS

Street Address

1550 N. Northwest Highway, 4th Floor

State

IL

. 1550 N. Northwest Highway, 4th Floor Zio State

Park Ridge Secretary Name

60068

Park Ridge Treasurer Kaine

IL

60068

DEBORAH CHIPMAN

Street Address

1550 N. Northwest Highway,

4th Floor

R. DARYL ADAMS Street Address

R. DARYL ADAMS

1550 N. Northwest Highway, 4th Floor

Park Ridge

IL60068 Park Ridge

IL

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

Park Ridge

1550 N. Northwest Highway, 4th Floor State

60068 TT.

Northwest Highway, 4th Floor

State

Park Ridge

IL

60068

Director Name

Street Address

Street Address

Street Address

City

Director Name

State

City

State

Zip

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

AUTHORIZED) SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Por Value

Number of Shares 1,000

ISSUED SHARES

Common

NPV

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



1,000 COMM NO PAR VALUE

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.

 ${\tt Chipman}$ Print or Type Name of Officer

President Title of Officer

John_A.

- S

Form 630 12/02

Edward S. Inman, 111, 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

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INSURIA TION

FORM MUST BE TYPED IN BLACK)				
. Corporate ID No. 2. Name of Co.	poration			
	n/Adams, Ltd.			
Street Address Principal Business Office		City	State	Zip
1550 N. Northwest High		Park Ridge	Illinois	60068
. Rusiness Phone No. 847/298-6900	5. State of Incorporation			6. SIC Code
Brief Description of the Character of Business Conduc	ILLINOIS			7682
Architecture S				
NAMES AND ADDRESSES OF THE C		IMENT) CITILL IN SPACES BE	FORE USING ATTACHMI	INTS
esident Name		Vice President Name		
JOHN A. CHIPMAN		R. DARYL ADAM	S	
teet Address	*	Street Address		
1550 N. Northwest High	hway, 4th Floor	1550 N. North	west Highway,	4th Floor
ity State	Zip	City	State	Zip
Park Ridge IL	60068	Park Ridge	IL	60068
DEBORAH CHIPMAN		Treasurer Name		
reel Address		R. DARYL ADAM	S	
1550 N. Northwest High	hway. 4th Floor	•	wort Bighunu	44b Dl
ty State	Zip	City	west Highway,_	Zip
Park Ridge IL	60068	Park Ridge	IL	60068
NAMES AND ADDRESSES OF THE D	IRECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTACH	IENTS
rector Name		Director Name		
JOHN A. CHIPMAN	* * .	R. DARYL ADAM	S	_
eet Address 1550 N. Northwest High	hway Ath Bloom	Street Address		441 77
by State		- • · 		4th Floor
Park Ridge IL	50068	Park Ridge	State	Zip
rector Name		···•···········	IL	60068
		Director Name		
rect Aildiess	•	Street Address		
		Succession of the succession o		
ly State	· Zip	City	State	Zip ——
			j	^{2.17}
SHARES AUTHORIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*x*	ROX FOR ATTACHMENT)	
THORIZED SHARES		ISSUED SHARKS	NAME OF TAXABLE PARTY O	
unber of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		1 000		
	· · · · · · · · · · · · · · · · · · ·	1,000	Common	NPV
is report must be signed in ink ho	Pither the President Vice D	resident Secretary Assists	ent Cocrotane Transmission	Descives as To-
1 18 7 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		resident, Sectetary, ASSISTA	inc secretary, ireasurer,	keceiver or Iru
s report must be signed in ink by e		resident, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Tru

* 1 0 0 0 5 3 *
2-15-02 File Date:
4181
Check No.:
Ву:
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.

	es nerein are true and correct.
Symmon	2/07/200
Signature of Officer	Date
John A. Chi	nma n

Print or Type Name of Officer

President

Title of Officer

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

					UNTRUCTR
(FORM MUST BE TYPED IN BLA					
1. Corporate ID No. 100053	2. Name of Corporation Chipman/Adam	s, Ltd.			
3 Street Address Principal Business 1550 N. Northy 4 Business Phone No.	**	5. State of Incorporation	Park Ridge	.State Illinois	¹ <i>zip</i> , 60068 <i>6.¥</i> 882°
847/298-6900		ILLINOIS			7 OOL
7. Brief Description of the Character Archit	of Business Conducted in Rhoc cecture Servi				
8. NAMES AND ADDRESS President Name JOHN A. CHIPN	SES OF THE OFFICER		WENT) FILL IN SPACES E Vice President Name R. DARYL ADAM		MENTS
Street Address			Street Address		
1550 N. North	nwest Highway	, 4th Floor	1550 N. North	west Highway,	4th Floor
Park Ridge Secretury Name	IL	60068	Park Ridge		60068
DEBORAH CHIPN Street Address	1AN		R. DARYL ADAN	1S	
1550 N. North	nwest Highway	, 4th Floor	1550 N. North	nwest Highway,	4th Floor
Park Ridge	IL	60068	Park Ridge	IL	60068
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECTO	ORS ("X" BOX FOR ATTA	•	S BEFORE USING ATTAC	HMENTS,
JOHN A. CHIPN	IAN		Director Name R. DARYL ADAN	40	·
Street Address			Street Address	15	
1550 N. North	west Highway	4th Floor	1550 N. North	nwest Highway,	4th Floor
Park Ridge Director Name	IL	60068	Park Ridge	IL	60068
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D (*x* box for attachm	ENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	· - - -
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PA	AR VALJE		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 C O O 5 3 *
File Date:	1/9/01
Check No.:	2845
By:FOR SECRETARY OF S	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 ar	e true and correct.
Jal allyn_	1/08/2001
Sixhaturd of Officer	Date
John A. Chipman	

Print or Type Name of Officer

President

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

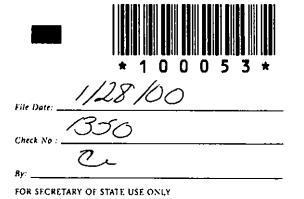
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN	N BLACK)				
1. Corporate ID No.	2. Name of Corporation				_
100053	Chipman/Adas	s, Ltd.			
3. Street Address Principal Bu	siness Office		City	State	Zip
1550 N. Nort	thwest Highway,	4th Floor 5. State of Incorporation	Park Ridge	Illinois	60068 6. SIC Code
847/298-6900)	ILLINOIS			7682
7. Brief Description of the Cha	aracter of Business Conducted in Rh	ode Island			
Archited	cture Services				
8. NAMES AND ADD President Name	PRESSES OF THE OFFICE	RS (*x* box for attaci	IMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTACHN	IENTS
JOHN A. CH	I PMAN		R. DARYL A	DAMS	
Street Address 1550 N. No.	cthwest Highway	, 4th Floor	Street Address 1550 N. No	rthwest Highway,	4th Floor
City	State	Zip	City	State	Zip
Park Ridge	ΙL	60068	Park Ridge	IL	60068
Secretary Name DEBORAH CH	[PMAN	•	Treasurer Name R. DARYL A	DAMS	
Street Address			Street Address		
1550 N. Noi	rthwest HIghway	, 4th Floor	1550 N. No	rthwest Highway,	4th Floo:
City	State	Zip	City	State	Zip
Park Ridge	$_{ m IL}$	60068	Park Ridge	: IL	60068
Director Name	PRESSES OF THE DIRECT	FORS ("X" BOX FOR ATTA	Director Name	ACES BEFORE USING ATTAC	HMENTS
JOHN A. CHI	LPMAN		R. DARYL A	DAMS	
1550 N. No.	cthwest Highway	, 4th Floor	Street Address 1550 N. No	rthwest Highway,	4th Floor
City	State	Zip	City	State	Zip
Park Ridge	ïï	60068	Park Ridge Director Name	IL	60068
Street Address			Street Address		
City	State	Zip	City	State	Zíp
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED (*X* BOX FOR ATTACH	(MENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value

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

1,000



1,000 COMM NO PAR VALUE

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.

Common

NPV

04 - 4	
Signature of Officer	1/20/2000
Signature of Officer	Date
7-1-16 01-1	

John M. Chipman

Print or Type Name of Officer

President

Title of Officer



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. 2. Name of Corporation 100053	Chinns /3-	- TA-3			
3. Street Address Principal Business Office	Chipman/Adam	·	 	r	-
1550 N. Northwest Highway,		Park R	Ridge	State Illinois	^{Zip} 60068
4. Rusiness Phone No.	5. State of Incorporation				6. SIC Code
847/298-6900 7. Brief Description of the Character of Rusiness Conducted in Rho	ļ,, <u></u>	ILLING	OIS	· - · -	R.I.#7682
Architecture Services	pae Island				
8. NAMES AND ADDRESSES OF THE OFFICE	OS JAVA BOY BOY ATTACT	record at the table	LOBA CHE DEN	opp personal curv	namo
President Name	S CA BOX FOR MITHOR	Vice President Nar		UKE USING ATTACHM	ENIS
JOHN A. CHIPMAN		•	ARYL ADAM	1S	
Street Address 1550 N. Northwest Highway	, 4th Floor	Street Address	N. North	 nwest Highway	, 4th Floor
City State	Zip	City		State	Zip
Park Ridge IL	60068	Park	Ridge	IL	60068
Secretary Name	***********************	Treasurer Name	**************		·······
DEBORAH CHIPMAN		R. DA	ARYL ADAM	AS	
Street Address	. Ash Dlass	Street Address			
1550 N. Northwest Highway		•	N. Norti	west Highway	
Park Ridge IL	60068	•	Ridge	State	60068
9. NAMES AND ADDRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) 🛄 FILL	IN SPACES BE	FORE USING ATTACH	MENTS 3
JOHN A. CHIPMAN		Director Name	. D. 11	4.0	
Street Address		:	ARYL ADAM	1S	
1550 N. Northwest Highway	. 4th Floor	Street Address	N North	nwest Highway	4th Floor
City State	Zip	City		State	T ZIP
Park Ridge IL	60068	• '	Ridge	IL	60068
Director Name	***************************************	Director Name	• • • • • • • • • • • • • • • • • • • •		
			-		
Street Address		Street Address		<u>-</u>	· · · - ·
City State	l Zip	City		State	Zip
10. SHARES AUTHORIZED ('X' BOX FOR ATTACHE	(ENT)	: 11. SHARES I	ISSUED (*X* BO	OX FOR ATTACHMENT)	<u> </u>
AUTHORIZED SHARI'S		ESSUED SHARES			
Number of Shares Class/Series	Par Value	Number of Shares	 .	Class/Series	Par Value
1,000 COMMON	NPV	1,000		Common	NPV
	-	-		-	
This report must be signed in ink by either t	the President Vice P	L Secre	tany Assistan	t Secretary Treasurer	- Pacaivar or Trusta

	11/23,99
File Date:	
Check No.:	11427
Ву	20
FOR SECRETARY O	F 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.

Orbu Com	2/17/99
John A. Chipman	Dale

Print or Type Name of Officer

President

Title of Officer