2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004253

1. Entity Name
SUSMAN TISDALE GAYLE ARCHITECTS, INC.



FILED Jul 22, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735

4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735



DO NOT WRITE IN THIS SPACE

07142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

74-2112965

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered off	ice or registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.	HAAAAAQCCAQC	

07/22/08-80015-020 150.00

Signature, typed or printed name of regretered agent and title if applicable

SIGNATURE_

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAYLE, DEWITT 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
TITLE NAME STREET ADDRESS CITY-ST-21P	VD SUSMAN, JAMES 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TISDALE, JACK 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORLANDER, MARTHA 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, DAVID 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAMEN, ROBERT 4330 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78735	
12. I hereby certify that the information supplied with this filling does not qualify for the ex-		

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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08

512-899-3500

Date

Daytime Phone #