


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90032 025 \*\*\*150.00

<b>DOCUMENT # F0100002509</b>	
<b>1. Entity Name</b> SYSKA & HENNESSY CEM INC.	

<b>Principal Place of Business</b> 11500 WEST OLYMPIC BLVD., SUITE 680 LOS ANGELES CA 90064	<b>Mailing Address</b> 11500 WEST OLYMPIC BLVD., SUITE 680 LOS ANGELES CA 90064
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 13-3903701	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINE, WILLIAM T		NAME		
STREET ADDRESS	11500 WEST OLYMPIC BLVD., SUITE 680		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90064		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HARVEY P		NAME		
STREET ADDRESS	11 WEST 42ND STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY, JOHN F		NAME		
STREET ADDRESS	11 WEST 42ND STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	Richard Fincher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUICHER, RICHARD		NAME		
STREET ADDRESS	11 W. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	John Magliano	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLIONA, JOAN		NAME		
STREET ADDRESS	11 W. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *William T. Line* **WILLIAM T. LINE** **PRESIDENT** **3/3/04** **310/312-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #