

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 010 ***150.00

DOCUMENT # F01000002509

1. Entity Name
SYSKA & HENNESSY CEM INC.

Principal Place of Business: 11500 WEST OLYMPIC BLVD., SUITE 680, LOS ANGELES, CA 90064
 Mailing Address: 11500 WEST OLYMPIC BLVD., SUITE 680, LOS ANGELES, CA 90064

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



01132005 Chg-P CR2E034 (10/03)

4. FEI Number: **13-3903701** Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable): **1700 South Pineland Road**
 City: **Plantation** FL Zip Code: **33324**

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: *Sheila Clark* **SHEILA CLARK**
 Assistant Secretary DATE: 2/3/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LINE, WILLIAM T	
STREET ADDRESS	11500 WEST OLYMPIC BLVD., SUITE 680	
CITY-ST-ZIP	LOS ANGELES, CA 90064	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDMAN, HARVEY P	
STREET ADDRESS	11 WEST 42ND STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HENNESSY, JOHN F	
STREET ADDRESS	11 WEST 42ND STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FINCHER, RICHARD	
STREET ADDRESS	11 W 42ND ST	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MAGLIANO, JOHN	
STREET ADDRESS	11 W. 42ND ST.	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Richard A. Fincher* **Richard A. Fincher** DATE: 2/3/05 212-921-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #