


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90114 024 \*\*\*150.00

DOCUMENT # F01000002509			
1. Entity Name SYSKA HENNESSY GROUP CONSTRUCTION, 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 11 West 42nd Street Suite, Apt. #, etc.		3. Mailing Address 11 West 42nd Street Suite, Apt. #, etc.	
City & State New York NY 10036		City & State New York NY	
Zip 10036		Country	
4. FEI Number 13-3903701		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HARVEY P	NAME	Goldman, Harvey
STREET ADDRESS	11 WEST 42ND STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHER, RICHARD	NAME	
STREET ADDRESS	11 W 42ND ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLIANO, JOHN	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	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dennis, Joseph
STREET ADDRESS		STREET ADDRESS	11 West 42nd Street
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10036
TITLE	<input type="checkbox"/> Delete	TITLE	LFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DUSconi Robert
STREET ADDRESS		STREET ADDRESS	11 West 42nd Street
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10036
12. I hereby certify that the information supplied with this filing does not qualify 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: _____		Date: 4/18/06 212.921.2300	
Signature, typed or printed name of signing officer or director		Daytime Phone #	