## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001037

## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90272 016 \*\*\*150.00

SYSTECH	H INTEGRATORS, INC.								
1601 LOCKNESS PLACE			Mailing Address 1601 LOCKNESS PLACE TORRANCE, CA 90501		94076635				
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State	City & State		4. FEI Number 38-3641	960		} <del>-</del>	plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add ee Required	
- 1	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent	
526 E. PAF	VICES, INC. RK AVENUE SSEE, FL 32301			Name Street Address	(P.O. Box Number	is Not Acceptabl	le)		
73				City			FL	Zip Code	9
SIGNATURE_ FILI After Ma	Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00  ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Conf	ign Finar tribution.		5.00 May Be ided to Fees		DATE		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHANANA, NAVEEN 1601 LOCKNESS PLACE TORRANCE, CA 90501	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GAUBA, GAURAV "GARY" 1601 LOCKNESS PLACE TORRANCE, CA 90501	☐ Delete		E ET ADDRESS 208	ol Gotewo	y Place,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD TYAGI, SANJEEV "SAM" 1601 LOCKNESS PLACE TORRANCE, CA 90501	~ □ Delete		E ET ADDRESS <b>200</b>	n Gotewar n Jose, i	Place, S	suite 31	Ø.Change. 50 ₩.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		F R	0 IVI MELG IN Lake INO TEXI	IRI Hollow V 15 7500		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·   •	,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				Elorida Statutos		Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2006

Daytime Phone #