## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # P08664  1. Entity Name SYSTRA CONSULTING, INC.						03-12-2004 9	00019 02	20 ***150.	00
Principal Place of Business 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US		Mailing Address 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US			1 JEEU 1881 W. B	<b>8</b> 681 7814 <b>8 8</b> 144 <b>8 8</b> 1711 <b>8</b> 18	4 <b>616</b> 11 31 <b>8</b> 11 8		
2. Principal Place of Business		3. Mailing Address		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Number - 22-2593				plied For t Applicable
Zip	Country Zip		Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CODD	ODATION OVETEM	Name	Name						
1200 S. PI	ORATION SYSTEM INE ISLAND ROAD ION, FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City	<u> </u>			FL	Zip Code	<del></del>
8. The above	named entity submits this statement for	r register	ed agent or both	in the State of Fig		familiar with.	and accent		
	tions of registered agent.	parpose of analiging no	ogistored emby t	,	oo agom, or boar	, in the state of the	onda, ran	Tarrina many	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	<u> </u>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		<b>\$5.</b> Add	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AN	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, ALBRECHT P. 1515 BROAD STREET BLOOMFIELD, NJ	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP - 2	D DEPONDT, VINCENT 5 AVENUE DU COQ :PARIS, FR 75009	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 A	in Esteve ve. du Co is. Franc	pq		Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARTWIG, GARRY A. 1515 BROAD STREET BLOOMFIELD, NJ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CITROEN, PHILIPPE 5 AVENUE DU COG PARIS FRANCE, 75009	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGONNARD, JEAN C 5 AVENUE DU COG PARIS FRANCE, 75009	🖾 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 A	n Claude venue du is, Franc	Coq		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTILLO, ROBERT 420 LEXINGTON AVE SUITE 54 NEW YORK, NY 10170		TITLE NAME STREET ADDRESS CHY-ST-ZIP					) Affinge	☐ Addition
12. I hereby of indicated	certify that the information supplied with fon this report or supplemental report is	this filing does not qualify for the true and accurate and that me	the exemption sta	ited in Se	ction 119.07(3)(i) same legal effect	Florida Statutes. as if made under	I further ce	rtify that the ir am an officer	nformation or director

12. Thereby definity that the information supplied with this littling does not qualify for the exemption stated in Section 119.07(3)(j). Florida statutes. Florida statutes. Florida statutes indicated on this 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 of 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: X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/2/2001

973 893 6000