2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P08664

1. Entity Name
SYSTRA CONSULTING, INC.

Principal Place of Business	Mailing Address
1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US	1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US

01172005 No Chg-P CR2E034 (10/03)

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4. FEI Number
22-2593414
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

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	PD
NAME	ENGEL, ALBRECHT P.
STREET ADDRESS	1515 BROAD STREET
CITY-ST-ZIP	BLOOMFIELD, NJ
TITLE	D
NAME	ESTEVE, ALAIN
STREET ADDRESS	5 AVENUE DU COQ
CITY-ST-ZIP	PARIS, FR 75009
TITLE	VT
NAME	HARTWIG, GARRY A.
STREET ADDRESS	1515 BROAD STREET
CITY-ST-ZIP	BLOOMFIELD, NJ
TITLE	D
NAME	CITROEN, PHILIPPE
STREET ADDRESS	5 AVENUE DU COG
CITY-ST-ZIP	PARIS FRANCE, 75009
TITLE	D
NAME	REYNIER, JEAN CLAUDE
STREET ADDRESS	5 AVENUE DU COG
CITY-ST-ZIP	PARIS FRANCE, 75009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80071-015 150.00

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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: _____ 1/20/2005 973 893 6000
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #