2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08664

Entity Name: SYSTRA CONSULTING, INC.

Current Principal Place of Business:

150 CLOVE ROAD, 7TH FLOOR
LITTLE FALLS, NJ 074242138 US

New Principal Place of Business:

Current Mailing Address:

150 CLOVE ROAD, 7TH FLOOR
LITTLE FALLS, NJ 074242138 US

New Mailing Address:

FEI Number: 22-2593414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STARK, CHARLES
Address: 150 CLOVE ROAD, 7TH FLOOR
City-St-Zip: LITTLE FALLS, NJ 07424

Title: D ( ) Delete
Name: CORNIL, MICHEL
Address: 5 AVE DU COQ
City-St-Zip: PARIS, FR 75009

Title: VT ( ) Delete
Name: HARTWIG, GARRY A.,
Address: 150 CLOVE ROAD, 7TH FLOOR
City-St-Zip: LITTLE FALLS, NJ 07424

Title: D ( ) Delete
Name: CITROEN, PHILIPPE
Address: 5 AVENUE DU COG
City-St-Zip: PARIS FRANCE, 75009

Title: D (X) Delete
Name: REYNIER, JEAN CLAUDE
Address: 5 AVENUE DU COG
City-St-Zip: PARIS FRANCE, 75009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DIAZ, DIEGO
Address: 150 CLOVE ROAD, 7TH FLOOR
City-St-Zip: LITTLE FALLS, NJ 07424

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY A. HARTWIG VT 03/24/2009

Electronic Signature of Signing Officer or Director — Date