

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90275 027 \*\*\*150.00

**DOCUMENT # F99000002150**

1. Entity Name  
SYMPRO, INC.



Principal Place of Business  
2200 POWELL ST. SUITE 1170  
EMERYVILLE, CA 94608

Mailing Address  
2200 POWELL ST. SUITE 1170  
EMERYVILLE, CA 94608



**DO NOT WRITE IN THIS SPACE**

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
94-2990956

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CONNOR, JAMES R
STREET ADDRESS	2200 POWELL ST. SUITE 1170
CITY-ST-ZIP	EMERYVILLE, CA 94608
TITLE	VP
NAME	Nicholas Havoutis - JPMorgan Liquidity Div.
STREET ADDRESS	1 Chase Manhattan Plaza
CITY-ST-ZIP	NY, NY 10081
TITLE	Sec
NAME	James Berry - JPMorgan
STREET ADDRESS	270 Park Ave - Office of the Secretary
CITY-ST-ZIP	NY, NY 10017
TITLE	Treas
NAME	Sylvia Leary Blount - JPMorgan
STREET ADDRESS	4 Chase Metro Tech Ctr. Finance Dept
CITY-ST-ZIP	Brooklyn NY 11245
TITLE	Director
NAME	Irv Cohen - JPMorgan
STREET ADDRESS	10420 Highland Manor Dr. Bldg 2 Flrs
CITY-ST-ZIP	Tampa, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

4/12/04

Date

Daytime Phone #

510-655  
0900