

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72454

FILED
Jan 07, 2009
Secretary of State

Entity Name: GEOSYNTEC CONSULTANTS, INC.

Current Principal Place of Business:

5901 BROKEN SOUND PKWY
SUITE 300
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5901 BROKEN SOUND PKWY
SUITE 300
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2355134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEL, THOMAS A
5901 BROKEN SOUND PARKWAY, NW
SUITE 300
BOCA RATON, FL 33487 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: DVP () Delete
Name: SANGLERAT, THIERRY D VP
Address: 339 CANAL ST.
City-St-Zip: NEWPORT BEACH, CA

Title: DT () Delete
Name: DAVIES, R. NEIL
Address: 1255 ROBERTS BLVD, NW, SUITE 200
City-St-Zip: KENNESAW, GA 30144

Title: C () Delete
Name: LUCIA, PATRICK
Address: 1112 KAITLIN PLACE
City-St-Zip: CONCORD, CA 94518

Title: P () Delete
Name: BONAPARTE, RUDOLPH,
Address: 3861 BYRNWYCK PLACE
City-St-Zip: ATLANTA, GA 30319

Title: DS () Delete
Name: HOULIHAN, MICHAEL F
Address: 3703 INVERNESS DRIVE
City-St-Zip: CHEVY CHASE, MD 20815

Title: D () Delete
Name: ZEEB, PETER
Address: 289 GREAT ROAD, SUITE 105
City-St-Zip: ACTON, MA 01720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SANGLERAT, THIERRY D VP
Address: 339 CANAL ST.
City-St-Zip: NEWPORT BEACH, CA 92663 US

Title: DT (X) Change () Addition
Name: DAVIES, R. NEIL
Address: 75 PICKETTS RIDGE COURT
City-St-Zip: ACWORTH, GA 30101

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: R. NEIL DAVIES

DT

01/07/2009

Electronic Signature of Signing Officer or Director

Date