2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 231180

Entity Name: SYNCROLIFT, INC.

Current Principal Place of Business:

110 NORFOLK ST
WALPOLE, MA 02081

New Principal Place of Business:

Current Mailing Address:

14850 CONFERENCE CENTER DR
SUITE 100
CHANTILLY, VA 20151 US

New Mailing Address:

FEI Number: 59-0878881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	GUYETTE, JAMES M	
Address:	14850 CONFERENCE CENTER DR	
City-St-Zip:	CHANTILLY, VA 20151	
Title:	S	( ) Delete
Name:	SULLIVAN, MARY S	
Address:	14850 CONFERENCE CENTER DR	
City-St-Zip:	CHANTILLY, VA 20151	
Title:	P	( ) Delete
Name:	MARSH, ANDREW	
Address:	110 NORFOLK ST	
City-St-Zip:	WALPOLE, MA 02081	
Title:	V	( ) Delete
Name:	HURST, KENNETH	
Address:	2 DATRAN CTR., SUITE 102	
City-St-Zip:	MIAMI FLA, 33156	
Title:	VP	( ) Delete
Name:	MORALES, JORGE	
Address:	110 NORFOLK ST	
City-St-Zip:	WALPOLE, MA 02081	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:		
Title:	VP	(X) Change ( ) Addition
Name:	D'APRILE, PIER	
Address:	110 NORFOLK ST	
City-St-Zip:	WALPOLE, MA 02081	

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: MARY S SULLIVAN S 04/30/2008

Electronic Signature of Signing Officer or Director — Date