

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 833114

1. Entity Name
SYNCSORT INCORPORATED



Principal Place of Business
**50 TICE BLVD
WOODCLIFF LAKE, NJ 07677 US**

Mailing Address
**50 TICE BLVD
WOODCLIFF LAKE, NJ 07677 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1854351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000592283
01/19/07-80057-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAVITIAN, ASO
STREET ADDRESS 50 TICE BLVD #CN 18
CITY-ST-ZIP WOODCLIFF LAKE, NJ

TITLE V
NAME REGAN, DANIEL
STREET ADDRESS 50 TICE BLVD #CN 18
CITY-ST-ZIP WOODCLIFF LAKE, NJ

TITLE D
NAME GELLERT, MICHAEL
STREET ADDRESS 50 TICE BLVD #CN 18
CITY-ST-ZIP WOODCLIFF LAKE, NJ

TITLE V
NAME MICHALS, JEFF
STREET ADDRESS 50 TICE BLVD #CN 18
CITY-ST-ZIP WOODCLIFF LAKE, NJ

TITLE V
NAME OIFER, DAVID
STREET ADDRESS 50 TICE BLVD. #CN18
CITY-ST-ZIP WOODCLIFF LAKE, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David Oifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

201-930-9700
Daytime Phone #