


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1854351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAVITIAN, ASO 50 TICE BLVD #CN 18 WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGAN, DANIEL 50 TICE BLVD #CN 18 WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLERT, MICHAEL 50 TICE BLVD #CN 18 WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHALS, JEFF 50 TICE BLVD #CN 18 WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OIFER, DAVID 50 TICE BLVD. #CN18 WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/17/08-80069-006 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date Daytime Phone #