

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833222

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** SYSKA HENNESSY GROUP, INC.

**Current Principal Place of Business:**

1515 BROADWAY  
NEW YORK, NY 10036

**New Principal Place of Business:**

**Current Mailing Address:**

1515 BROADWAY  
NEW YORK, NY 10036

**New Mailing Address:**

**FEI Number:** 13-1576976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BRENNEN, GARY A MR  
Address: 800 CORPORATE POINTE, SUITE 200  
City-St-Zip: CULVER CITY, CA 90230

Title: CEO  
Name: IZZO, CYRUS MR  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: CFO  
Name: DUSCONI, ROBERT MR  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: SEC  
Name: KALLE, CRAIG MR  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: DIR  
Name: CRAIG, KALLE MR  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: DIR  
Name: RAMU, VENKATA MR  
Address: 1515 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

I hereby 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 all other like empowered.

SIGNATURE: ROBERT DUSCONI

CFO

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date