


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90074 018 ***158.75

DOCUMENT # F00000006613	
1. Entity Name SYNERGENCE GROUP, INC.	

Principal Place of Business 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	Mailing Address 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601
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50008733



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4399129	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SCHUMAN, SUSAN J <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV COHEN, JUDITH <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS, DESMOND COUSINO, DARRAH <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRIDAY, DENISE S <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV SCHNUR, MARY T <input type="checkbox"/> Delete 200 N LASALLE ST STE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV HUDSON, BEVERLY G <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan J. Schuman 1/26/2005 (312)419-4951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2005 Florida For Profit Corporation Annual Report

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Attachment - Additions/Changes to Officers and Directors in Question #11

Document # F00000006613

Synergence Group, Inc.
200 N. LaSalle Street, Suite 400
Chicago, Illinois 60601

<u>Title</u>	P/VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>Name</u>	Neal R. Aton	
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400	
<u>City, State, Zip</u>	Chicago, Illinois 60601	
<u>Title</u>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Jon N. Ekdahl	
<u>Street Address</u>	515 N. State Street	
<u>City, State, Zip</u>	Chicago, Illinois 60610	
<u>Title</u>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Denise M. Hagerty	
<u>Street Address</u>	515 N. State Street	
<u>City, State, Zip</u>	Chicago, Illinois 60610	
<u>Title</u>	TVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Mary A. McHugh	
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400	
<u>City, State, Zip</u>	Chicago, Illinois 60601	
<u>Title</u>	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Robert A. Musacchio, PhD	
<u>Street Address</u>	515 N. State Street	
<u>City, State, Zip</u>	Chicago, Illinois 60610	
<u>Title</u>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	J. Todd Vande Hey	
<u>Street Address</u>	515 N. State Street	
<u>City, State, Zip</u>	Chicago, Illinois 60610	
<u>Title</u>	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>*Name</u>	Cynthia K. Warden	
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400	
<u>City, State, Zip</u>	Chicago, Illinois 60601	

*Previously reported.