

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90048 010 \*\*\*150.00

**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**

**40067967**



2. Principal Place of Business - No P.O. Box #  
**515 N. State Street**

3. Mailing Address  
**515 N. State Street**

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Chicago, IL**

City & State  
**Chicago, IL**

Zip  
**60610**

Country  
**USA**

Zip  
**60610**

Country  
**USA**

04072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**36-4399129**

Applied For  
☐ Not Applicable

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

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. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHUMAN, SUSAN J 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, JOHN C 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MCHUGH, MARY A 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MUSACCHIO, ROBERT A PHD 5515 N. STATE ST. CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGERTY, DENISE M 515 N. STATE STREET CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERBAUGH, BERNARD 515 N. STATE STREET CHICAGO, IL 60610 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. State Street, Suite 400 Chicago, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. State Street, Suite 400 Chicago, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. State Street, Suite 400 Chicago, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. State Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Hengesbaugh, Bernard L.

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:**

**J. Christopher Burke, President** 4-7-08

312-464-5147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

40067967

## 2008 Florida For Profit Corporation Annual Report

### Question #10 Attachment - Additional Officers and Directors

Document # F00000006613

Synergence Group, Inc.  
515 N. State Street, Suite 400  
Chicago, Illinois 60610

<u>Title</u>	AV		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Judith Cohen		
<u>Street Address</u>	200 N. LaSalle Street, Suite 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	AS		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Darrah Desmond Cousino		
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	D		<input type="checkbox"/> Change <input 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	X Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>*Name</u>	Gary C. Epstein		
<u>Street Address</u>	515 N. State Street		
<u>City, State, Zip</u>	Chicago, Illinois 60610		
<u>Title</u>	V		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Denise S. Friday		
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	AV		XChange <input type="checkbox"/> Addition
<u>*Name</u>	J. Michael Hegwood		
<u>Street Address</u>	200 N. LaSalle Street, Suite 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	AV		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Beverly G. Hudson		
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	AV		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Mary T. Schnur		
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610
<u>Title</u>	AV		XChange <input type="checkbox"/> Addition
<u>*Name</u>	Cynthia K. Warden		
<u>Street Address</u>	200 N. LaSalle Street, Ste. 400		515 N. State Street, Suite 400
<u>City, State, Zip</u>	Chicago, Illinois 60601		Chicago, IL 60610

\*Previously Reported