

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90032 025 ***150.00

DOCUMENT # F01000002509

1. Entity Name

SYSKA & HENNESSY CEM INC.



Principal Place of Business

**11500 WEST OLYMPIC BLVD., SUITE 680
LOS ANGELES CA 90064**

Mailing Address

**11500 WEST OLYMPIC BLVD., SUITE 680
LOS ANGELES CA 90064**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
13-3903701

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LINE, WILLIAM T**
STREET ADDRESS **11500 WEST OLYMPIC BLVD., SUITE 680**
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE **T** ☐ Delete
NAME **GOLDMAN, HARVEY P**
STREET ADDRESS **11 WEST 42ND STREET**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **CD** ☐ Delete
NAME **HENNESSY, JOHN F**
STREET ADDRESS **11 WEST 42ND STREET**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **VPS** ☐ Delete
NAME **FUCHER, RICHARD**
STREET ADDRESS **11 W. 42ND ST.**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **VC** ☐ Delete
NAME **MAGLIONA, JOAN**
STREET ADDRESS **11 W. 42ND ST.**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Richard Fincher**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **John magliano**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William T. Line* **WILLIAM T. LINE
PRESIDENT**

3/3/04 **310/312-0200**

Date

Daytime Phone #