


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90114 024 ***150.00

DOCUMENT # F01000002509 1. Entity Name SYSKA HENNESSY GROUP CONSTRUCTION, 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 11 West 42nd Street Suite, Apt. #, etc.		3. Mailing Address 11 West 42nd Street Suite, Apt. #, etc.			
City & State New York, NY 10036		City & State New York, NY		4. FEI Number 13-3903701	
Zip 10036		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LINE, WILLIAM T STREET ADDRESS 11500 WEST OLYMPIC BLVD., SUITE 680 CITY-ST-ZIP LOS ANGELES, CA 90064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GOLDMAN, HARVEY P STREET ADDRESS 11 WEST 42ND STREET CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CEO Goldman, Harvey	
TITLE VPS NAME FINCHER, RICHARD STREET ADDRESS 11 W 42ND ST CITY-ST-ZIP NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VC NAME MAGLIANO, JOHN STREET ADDRESS 11 W. 42ND ST. CITY-ST-ZIP NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Dennis, Joseph 11 West 42nd Street New York, NY 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO DUSCONI Robert 11 West 42nd Street New York, NY 10036	
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 SIGNING OFFICER OR DIRECTOR Joseph Dennis 4/18/06 212.921.2300 Date Daytime Phone #					