FILED

Apr 28, 2003 8:00 am

Secretary of State

04-28-2003 90295 013 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F01000002509 DOCUMENT #

1. Entity Name

SYSKA & HENNESSY CEM INC.



Principal Place of Business 11500 WEST OLYMPIC BLVD.. SUITE 680 Mailing Address 11500 WEST OLYMPIC BLVD.. SUITE 680 TINIUNO LOS ANGELES CA 90064 LOS ANGELES CA 90064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-3903701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Richard Function, VP, Secty Change TITLE LINE, WILLIAM T NAME NAME 11 W. 42nd Street 11500 WEST OLYMPIC BLVD., SUITE 680 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90064 New YOR, NY 10036 CITY-ST-7IP CITY-ST-ZIP John Wagliona, Vice Chair Change TITLE Delete TITLE WATSON, ANDREW P NAME NAME 11 W. 42nd street 11500 WEST OLYMPIC BLVD., SUITE 680 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90064 New York, NY 10036 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDMAN, HARVEY P NAME NAME STREET ADDRESS 11 WEST 42ND STREET STREET ADDRESS NEW YORK NY 10036 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HENNESSY, JOHN F NAME NAME 11 WEST 42ND STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10036 CITY-ST-ZIP CITY-ST-ZIP TITI F □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 eath; 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: LANGUE SWILLIAM TOWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)