

2009

FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003186

1. Entity Name

SYN TERRA CORPORATION



Principal Place of Business

148 RIVER STREET
SUITE 220
GREENVILLE, SC 29601

Mailing Address

148 RIVER STREET
SUITE 220
GREENVILLE, SC 29601

FILED

09 MAR 11 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02252008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0962660

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324DO NOT WRITE
IN THIS SPACE

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, 2009 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, MARK S
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	SD
NAME	CLEMMER, JAMES E
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	T
NAME	HATCHER, LYNN
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	C
NAME	ALBRIGHT, RUTH A
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	VC
NAME	WEBB, KATHRYN W
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	D
NAME	BARRON, JOE M
STREET ADDRESS	148 RIVER STREET, SUITE 220
CITY-ST-ZIP	GREENVILLE, SC 29601

500145526865
03/11/09-01017-017 ***150.00DO NOT WRITE
IN THIS SPACE

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

3/5/2009

Date

864.421.9999

Daytime Phone