2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004381

Entity Name: SYMCOR GP INC

Title:

Name:

Address:

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1 ROBERT SPECK PKWY., SUITE 400 1 ROBERT SPECK PKWY., SUITE 400 MISSISSAUGA ONTARIO LAZ 4EZ, MISSISSAUGA, ON L4Z 4É7 CA **Current Mailing Address: New Mailing Address:** 1 ROBERT SPECK PKWY., SUITE 400 1 ROBERT SPECK PKWY., SUITE 400 MISSISSAUGA ONTARIO LAZ 4EZ, MISSISSAUGA, ON L4Z 4É7 CA FEI Number: 98-0596212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KILROY, ED KILROY, ED Name: Name: 1 ROBERT SPECK PKWY., SUITE 400 1 ROBERT SPECK PKWY., SUITE 400 Address: Address: City-St-Zip: MISSISSAUGA ONTARIO LAZ 4EZ, City-St-Zip: MISSISSAUGA, ON L4Z 4E7 CA VSV Title: VSV Title: () Delete (X) Change () Addition Name: THOMAS, MICHAEL Name: THOMAS, MICHAEL 2702 WESTPORT RD. 3399 PEACHTREE ROAD NE Address: Address: CHARLOTTE, NC 28208 City-St-Zip: City-St-Zip: ATLANTA, GA 30326 Title: () Delete Title: (X) Change () Addition EISEN, GARY D EISEN, GARY D Name: Name: 1 ROBERT SPECK PKWY., SUITE 400 1 ROBERT SPECK PKWY., SUITE 400 Address: Address: MISSISSAUGA ONTARIO LAZ 4EZ, City-St-Zip: MISSISSAUGA, ON L4Z 4E7 CA City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SVP

LEITNER, ROGER

ATLANTA, GA 30326

3399 PEACHTREE ROAD NE

() Change (X) Addition

SIGNATURE: GARY D. EISEN S 03/25/2009

() Delete