


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 027 ***150.00

DOCUMENT # F99000002150

1. Entity Name
 SYMPRO, INC.



Principal Place of Business 2200 POWELL ST. SUITE 1170 EMERYVILLE, CA 94608	Mailing Address 2200 POWELL ST. SUITE 1170 EMERYVILLE, CA 94608
---	---

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-2990956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE, FL 32301

DO 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNOR, JAMES R 2200 POWELL ST. SUITE 1170 EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nicholas Havoutis · JPMorgan · Liquidity 1 Chase Manhattan Plaza Div. NY, NY 10081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec James Berry · JPMorgan 270 Park Ave · Office of the Secretary NY, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Sylvia Leary Blount · JPMorgan 4 Chase Metro Tech Ctr. Finance Dept Brooklyn NY 11245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Irv Cohen · JPMorgan 10420 Highland Manor Dr. Bldg 2 Flrs Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *James R Connor* **4/12/04** **510-655-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #