


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 023 ***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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 94-2990956			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301			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, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONNOR, JAMES R		NAME				
STREET ADDRESS	2200 POWELL ST. SUITE 1170		STREET ADDRESS				
CITY-ST-ZIP	EMERYVILLE, CA 94608		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAVOUTIS, NICHOLAS		NAME	PATON, CHRIS J			
STREET ADDRESS	1 CHASE MANHATTAN PLAZA		STREET ADDRESS	300 SOUTH RIVERSIDE PLAZA, FLR 18			
CITY-ST-ZIP	NEW YORK, NY 10081		CITY-ST-ZIP	CHICAGO, IL 60606			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRY, JAMES		NAME				
STREET ADDRESS	270 PARK AVE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEARY BLOUNT, SYLVIA		NAME				
STREET ADDRESS	4 CHASE METRO TECH CTR		STREET ADDRESS				
CITY-ST-ZIP	BROOKLYN, NY 11245		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, IRV		NAME	SIMPSON, PAUL H.			
STREET ADDRESS	10420 HIGHLAND MANOR DR BLDG 2 FL 5		STREET ADDRESS	1 CHASE MANHATTAN PLAZA, FLR 10			
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	NEW YORK, NY 10081			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 empowerment.							
SIGNATURE: <i>James R Connor</i>		Date: <i>2/28/05</i>		Daytime Phone #: <i>570-655-0900</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							