

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 020 ***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**

4000000



02182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2990956

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 RD
PLANTATION, FL 33324**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
PATON, CHRIS
300 SOUTH RIVERSIDE PLAZA FLR8
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BERRY, JAMES
270 PARK AVE
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
STERN, ALAN
JP MORGAN 270 PARK AVE
NEW YORK, NY 10081**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIMPSON, PAUL H
ONE CHASE MANHATTAN PLAZA FLR 10
NEW YORK, NY 10081**

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 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 an other fee empowered.

SIGNATURE:

James R Connor President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07
Date

510-655-0900
Daytime Phone #