


**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

**DO NOT WRITE IN THIS SPACE**



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2990956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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 all other fee empowered.

SIGNATURE: James R Connor President 3/8/07 510-655-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #