

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002150

Entity Name: SYMPRO, INC.

FILED  
Mar 19, 2008  
Secretary of State

## Current Principal Place of Business:

2200 POWELL ST. SUITE 1170  
EMERYVILLE, CA 94608

## New Principal Place of Business:

## Current Mailing Address:

2200 POWELL ST. SUITE 1170  
EMERYVILLE, CA 94608

## New Mailing Address:

8550 NW 33RD STREET  
SUITE 200  
DORAL, FL 33122

FEI Number: 94-2990956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: CONNOR, JAMES R  
Address: 2200 POWELL ST. SUITE 1170  
City-St-Zip: EMERYVILLE, CA 94608

Title: VP ( ) Delete  
Name: PATON, CHRIS  
Address: 300 SOUTH RIVERSIDE PLAZA FLR8  
City-St-Zip: CHICAGO, IL 60606

Title: S (X) Delete  
Name: BERRY, JAMES  
Address: 270 PARK AVE  
City-St-Zip: NEW YORK, NY 10017

Title: T (X) Delete  
Name: STERN, ALAN  
Address: JP MORGAN 270 PARK AVE  
City-St-Zip: NEW YORK, NY 10081

Title: D (X) Delete  
Name: SIMPSON, PAUL H  
Address: ONE CHASE MANHATTAN PLAZA FLR 10  
City-St-Zip: NEW YORK, NY 10081

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BYRNE, MICHAEL  
Address: 8550 NW 33RD STREET, SUITE 200  
City-St-Zip: DORAL, FL 33122

Title: CFO (X) Change ( ) Addition  
Name: WILKENS, JOHN F  
Address: 8550 NW 33RD STREET, SUITE 200  
City-St-Zip: DORAL, FL 33122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: JOHN F WILKENS

CFO

03/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date