

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72454

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: GEOSYNTEC CONSULTANTS, INC.

## Current Principal Place of Business:

5901 BROKEN SOUND PKWY  
SUITE 300  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

## Current Mailing Address:

5901 BROKEN SOUND PKWY  
SUITE 300  
BOCA RATON, FL 33487 US

## New Mailing Address:

FEI Number: 59-2355134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEEL, THOMAS A  
621 N.W. 53RD STREET  
SUITE 650  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

PEEL, THOMAS A  
5901 BROKEN SOUND PARKWAY, NW  
SUITE 300  
BOCA RATON, FL 33487 US

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:

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: SANGLERAT, THIERRY,  
Address: 339 CANAL ST.  
City-St-Zip: NEWPORT BEACH, CA

Title: DT ( ) Delete  
Name: DAVIES, R. NEIL  
Address: 1100 LAKE HEARN DRIVE  
City-St-Zip: ATLANTA, GA 30342

Title: C ( ) Delete  
Name: LUCIA, PATRICK  
Address: 1112 KAITLIN PLACE  
City-St-Zip: CONCORD, CA 94518

Title: P ( ) Delete  
Name: BONAPARTE, RUDOLPH,  
Address: 3861 BYRNWYCK PLACE  
City-St-Zip: ATLANTA, GA 30319

Title: VP ( ) Delete  
Name: BEECH, JOHN F  
Address: 3975 CHESSON CT  
City-St-Zip: ATLANTA, GA

Title: SD ( ) Delete  
Name: PEEL, THOMAS A  
Address: 7391 NE 8TH COURT  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: SANGLERAT, THIERRY D VP  
Address: 339 CANAL ST.  
City-St-Zip: NEWPORT BEACH, CA

Title: DT (X) Change ( ) Addition  
Name: DAVIES, R. NEIL  
Address: 1255 ROBERTS BLVD, NW, SUITE 200  
City-St-Zip: KENNESAW, GA 30144

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

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 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 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: THOMAS A. PEEL, PH.D.

S, D

04/08/2005

Electronic Signature of Signing Officer or Director

Date