

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90214 008 \*\*\*150.00

**DOCUMENT # M73397**

1. Entity Name  
**UNISYN, INC.**



Principal Place of Business  
**1200 SOUTH PINE ISLAND RD.  
SUITE 300  
PLANTATION, FL 33324 US**

Mailing Address  
**787 7TH AVENUE  
49TH FLOOR  
NEW YORK, FL 10019 US**

**94070756**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0038405**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
# 300  
PLANTATION, FL 33324**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME SCHWEIGER, LARRY B.  
STREET ADDRESS 1200 S PINE ISLAND ROAD, #300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VP ☐ Delete  
NAME LIESER, LORI M  
STREET ADDRESS 500 W. MADISON, STE 3650  
CITY-ST-ZIP CHICAGO, IL 60661

TITLE AS ☐ Delete  
NAME KATZ, MIRIAM  
STREET ADDRESS 787 7TH AVE., 49TH FL  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME Goldberg, Gerald H.  
STREET ADDRESS 787 Seventh Ave, 49th Fl.  
CITY-ST-ZIP New York, NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TSD ☐ Change ☒ Addition  
NAME Holtz, Elliot  
STREET ADDRESS 787 Seventh Ave, 49th Fl.  
CITY-ST-ZIP New York, NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 312-985-5700