

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73397

Entity Name: UNISYN, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

C/O NFP, 787 SEVENTH AVENUE  
11TH FLOOR  
NEW YORK, NY 10019 US

## New Principal Place of Business:

## Current Mailing Address:

C/O NFP, 500 W MADISON ST  
SUITE 2400  
CHICAGO, IL 60661 US

## New Mailing Address:

FEI Number: 65-0038405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S 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: PSTD ( ) Delete  
Name: HOLTZ, ELLIOT  
Address: 787 7TH AVE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: VP ( ) Delete  
Name: LIESER, LORI M  
Address: 500 W MADISON, STE 2400  
City-St-Zip: CHICAGO, IL 60661

Title: VP ( ) Delete  
Name: HINKSON, MALIKA  
Address: 787 7TH AVE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORI M. LIESER

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date