

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096896

Entity Name: SYNCRONY USA, INC.

FILED  
Apr 07, 2005  
Secretary of State

## Current Principal Place of Business:

C/O GRANT KAPLAN  
7200 W CAMINO REAL #102  
BOCA RATON, FL 33433

## New Principal Place of Business:

19907 VILLA LANTE PL  
BOCA RATON, FL 33434

## Current Mailing Address:

C/O GRANT KAPLAN  
7200 W CAMINO REAL #102  
BOCA RATON, FL 33433

## New Mailing Address:

19907 VILLA LANTE PL  
BOCA RATON, FL 33434

FEI Number: 20-1593874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

SHAUN RIMER  
19907 VILLA LANTE PL  
BOCA RATON, FL 33434 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: SHAUN RIMER

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RIMER, SHAUN  
Address: C/O G KAPLAN 7200 W CAMINO REAL #102  
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete  
Name: RYBKO, HOWARD  
Address: C/O G KAPLAN 7200 W CAMINO REAL #102  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIMER, SHAUN  
Address: 19907 VILLA LANTE PL  
City-St-Zip: BOCA RATON, FL 33434

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: SHAUN RIMER

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date