## 4 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2008 8:00 am Secretary of State 05-02-2008 90124 034 \*\*\*150.00 DOCUMENT # P06000134040 SYNTIO TECHNOLOGIES, INC. 4002602-Principal Place of Business Mailing Address 930 CHARLTON LN. 930 CHARLTON LN. NAPERVILLE, IL 60563 NAPERVILLE, IL 60563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5746353 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOLLEY, SHAWN W Street Address (P.O. Box Number is Not Acceptable) 97665 OVERSEAS HIGHWAY KEY LARGO, FL 33037 City 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD 7.7 TITLE Delete TITLE Change ☐ Addition HANNANI, SHOAIB HANNANI, SHOAIB NAME NAME 930 CHARLTON LANE STREET ADDRESS 3088 BLUE HERON ROAD STREET ADDRESS CITY-ST-ZIP **NORMAL, IL 61671** NAPERVILLE, IL 60563 CITY-ST-ZIP Channe TITLE ☐ Delete DITE ☐ Addition HANNANI, SHOAIB NAME NAME HANNANI, SHOAIB 3088 BLUE HERON ROAD STREET ADDRESS STREET ADDRESS 930 CHARLTON LANE NORMAL, IL 61671 CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE, IL 60563 TITLE Delete IIILE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITI F ☐ Defete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

FILED