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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90157 046 ***158.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06019

1. Corporation Name
SYNDICATED OFFICE SYSTEMS, INC.

Principal Place of Business 3 IMPERIAL PROMINADE STE 1100 SANTA ANA CA 92707 US	Mailing Address PO BOX 14063 ORANGE CA 92613 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1985

4. FEI Number

95-2154917

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBIN, ARNOLD N	
STREET ADDRESS	3 IMPERIAL PROMENADE #1100	
CITY-ST-ZIP	SANTA ANA CA	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAY A. SILVERMAN	
1.3 STREET ADDRESS	3 IMPERIAL PROMENADE, STE 1100	
1.4 CITY-ST-ZIP	SANTA ANA, CA 92707	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS	
STREET ADDRESS	3 IMPERIAL PROMENADE #1100	
CITY-ST-ZIP	SANTA ANA CA	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BECKEL, MARK S.	
STREET ADDRESS	3 IMPERIAL PROMENADE #1100	
CITY-ST-ZIP	SANTA ANA CA	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, J.A.	
STREET ADDRESS	3 IMPERIAL PROMENADE #1100	
CITY-ST-ZIP	SANTA ANA CA	

5.1 TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREGORY I VALDOVINOS	
5.3 STREET ADDRESS	3 IMPERIAL PROMENADE, STE 1100	
5.4 CITY-ST-ZIP	SANTA ANA, CA 92707	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

1/18/99

(714) 438-6989

CR2E034 (11/98)