
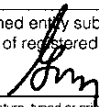
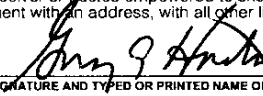


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90274 039 ***158.75

DOCUMENT # P08664 <small>Entity Name</small> SYSTRA CONSULTING, INC.					
Principal Place of Business 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US			Mailing Address 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-2593414	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: 				8.75 Additional Fee Required DATE: <u>4/25/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, ALBRECHT P. 1515 BROAD STREET BLOOMFIELD, NJ	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Charles Stark 1515 Broad Street Bloomfield, NJ 07003
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVE, ALAIN 5 AVENUE DU COQ PARIS, FR 75009	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARTWIG, GARRY A. 1515 BROAD STREET BLOOMFIELD, NJ	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CITROEN, PHILIPPE 5 AVENUE DU COG PARIS FRANCE, 75009	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNIER, JEAN CLAUDE 5 AVENUE DU COG PARIS FRANCE, 75009	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CITROEN, PHILIPPE 5 AVENUE DU COG PARIS FRANCE, 75009	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNIER, JEAN CLAUDE 5 AVENUE DU COG PARIS FRANCE, 75009	<input type="checkbox"/> Delete	
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12. I hereby 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					