2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08664

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PARIS FRANCE, 75009

REYNIER, JEAN CLAUDE

PARIS FRANCE, 75009

5 AVENUE DU COG

() Delete

Entity Name: SYSTRA CONSULTING, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1515 BROAD STREET BLOOMFIELD, NJ 070033069 US				150 CLOVE ROAD, 7TH FLOOR LITTLE FALLS, NJ 074242138 US		
Current Mailing Address:			New Maili	New Mailing Address:		
1515 BROAD STREET BLOOMFIELD, NJ 070033069 US				150 CLOVE ROAD, 7TH FLOOR LITTLE FALLS, NJ 074242138 US		
FEI Number: 22-2593414 FEI Number Applied For () FEI Nu		El Number Not Appl	icable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name				ame and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:						
01014/11011		Signature of Registered Agent			 Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () C STARK, CHARLE 1515 BROAD STI BLOOMFIELD, N	REET	Title: Name: Address: City-St-Zip:	STARK, CHARL	AD, 7TH FLOOR	
Title: Name: Address: City-St-Zip:	D () CORNIL, MICHEL 5 AVE DU COQ PARIS, FR 7500		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HARTWIG, GARR 1515 BROAD STI BLOOMFIELD, N	REET J	Title: Name: Address: City-St-Zip:	HARTWIG, GAF 150 CLOVE RC LITTLE FALLS,	AD, 7TH FLOOR NJ 07424	
Title: Name: Address:	D () D CITROEN, PHILIF 5 AVENUE DU CO		Title: Name: Address:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARRY A. HARTWIG VT 01/10/2007

() Change () Addition