

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90097 006 ***150.00



DOCUMENT # F06000006104

1. Entity Name
SYPHERLINK, INC.

Principal Place of Business: 6500 EMERALD PARKWAY, SUITE 175 DUBLIN OH 43016
Mailing Address: 6500 EMERALD PARKWAY, SUITE 175 DUBLIN OH 43016



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **31-1804297**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA FL 33637

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLLINS, MORT 103 CARNEGIE CTR, SUITE 100 PRINCETON NJ 08540 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, CURTIS 400 W WILSON BRIDGE RD, STE 130 COLUMBUS OH 43085 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, WALTER 1970 JEWETT RD POWELL OH 43065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAAT, JAMES 6500 EMERALD PARKWAY, SUITE 175 DUBLIN OH 43016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MCCORMICK, WILLIAM C 6500 EMERALD PARKWAY, SUITE 175 DUBLIN OH 43016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCORMICK, WILLIAM C 6500 EMERALD PARKWAY, SUITE 175 DUBLIN OH 43016 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COO DANIEL CASEY 6500 EMERALD PARKWAY, SUITE 175 DUBLIN, OH 43016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William C. McCormick* 2/2/07 614-662-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #