


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P08664 1. Entity Name SYSTRA CONSULTING, INC.	
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Principal Place of Business 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US	Mailing Address 1515 BROAD STREET BLOOMFIELD, NJ 07003-3069 US
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01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-2593414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, ALBRECHT P. 1515 BROAD STREET BLOOMFIELD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVE, ALAIN 5 AVENUE DU COQ PARIS, FR 75009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARTWIG, GARRY A. 1515 BROAD STREET BLOOMFIELD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CITROEN, PHILIPPE 5 AVENUE DU COG PARIS FRANCE, 75009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNIER, JEAN CLAUDE 5 AVENUE DU COG PARIS FRANCE, 75009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/05-80071-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Garry A Hartwig* 1/20/05 973 893 6000  
\* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #