
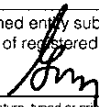
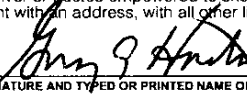


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-08-2006 90274 039 \*\*\*158.75

|  |                      |  |  |   |  |
|--|----------------------|--|--|---|--|
| DOCUMENT # P08664  |                      |  |  |                    |  |
| Entity Name<br>SYSTRA CONSULTING, INC.   |                      |  |  |   |  |
| Principal Place of Business<br>1515 BROAD STREET<br>BLOOMFIELD, NJ 07003-3069 US   |                      |  | Mailing Address<br>1515 BROAD STREET<br>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<br>22-2593414   |  |
|  |                      |  |  | Applied For<br>Not Applicable   |  |
|  |                      |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                      |  | 7. Name and Address of New Registered Agent                          |   |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324  |                      |  | 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:   |                      | DATE: 4/25/06  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                      | (NOTE: Registered Agent signature required when reinstating)                     |  | DATE  |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>  |                      | 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  | PD                   | <input checked="" type="checkbox"/> Delete                                       | TITLE  | President & CEO   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | ENGEL, ALBRECHT P.   |  | NAME   | Charles Stark   |  |
| STREET ADDRESS   | 1515 BROAD STREET    |  | STREET ADDRESS   | 1515 Broad Street   |  |
| CITY-ST-ZIP  | BLOOMFIELD, NJ       |  | CITY-ST-ZIP  | Bloomfield, NJ 07003  |  |
| TITLE  | D                    | <input checked="" type="checkbox"/> Delete                                       | TITLE  | Director  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | ESTEVE, ALAIN        |  | NAME   | Michel Cornil   |  |
| STREET ADDRESS   | 5 AVENUE DU COQ      |  | STREET ADDRESS   | 5 Avenue du Coq   |  |
| CITY-ST-ZIP  | PARIS, FR 75009      |  | CITY-ST-ZIP  | Paris, France 75009   |  |
| TITLE  | VT                   | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | HARTWIG, GARRY A.    |  | NAME   |   |  |
| STREET ADDRESS   | 1515 BROAD STREET    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | BLOOMFIELD, NJ       |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | CITROEN, PHILIPPE    |  | NAME   |   |  |
| STREET ADDRESS   | 5 AVENUE DU COG      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PARIS FRANCE, 75009  |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | REYNIER, JEAN CLAUDE |  | NAME   |   |  |
| STREET ADDRESS   | 5 AVENUE DU COG      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PARIS FRANCE, 75009  |  | CITY-ST-ZIP  |   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                      |  | NAME   |   |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP  |   |  |
| 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:    |                      | Date   |  | Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      |  |  |   |  |