



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96753		2. Name of Corporation Syndicated Office Systems			
3. Street Address Principal Business Office 13737 Noel Rd Ste 100			City Dallas TX	State TX	Zip 75240
4. Business Phone No. 469-893-2701		5. State of Incorporation California			
6. Brief Description of the Character of Business Conducted in Rhode Island Health Care					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Mooney			Vice President Name Mark E. Klaus		
Street Address 13737 Noel Rd Ste 100			Street Address 1500 South Douglass Rd		
City Dallas TX	State TX	Zip 75240	City Anaheim	State CA	Zip 92806
Secretary Name James M. Enna			Treasurer Name James M. Enna		
Street Address 1500 South Douglass Rd			Street Address 1500 South Douglass Rd		
City Anaheim	State CA	Zip 92806	City Anaheim	State CA	Zip 92806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen Mooney			Director Name		
Street Address 13737 Noel Rd Ste 100			Street Address		
City Dallas TX	State TX	Zip 75240	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	1.00	1,000	Common	1.00
THE SECTION MUST BE COMPLETED					

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CORPORATIONS DIV  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

**FILED**  
**FEB 25 2008**

By [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/8/08  
Signature Date

Stephen Mooney  
Print or Type Name  
President and Director  
Title