

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213543746

1.) CORPORATION NAME:

Synovate, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1211939**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 SOUTH RIVERSIDE PLAZA

CITY/ST/ZIP: CHICAGO, IL 60606-5809

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|---------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JEFF CAIL | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 222 SOUTH RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606 | | |

| | | | |
|-----------------|-----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | RICK J CARBONE | | |
| TITLE: | CFO | | |
| ADDRESS: | 222 S RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606 | | |

| | | | |
|-----------------|-----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JAMES T. SMITH | | |
| TITLE: | CEO | | |
| ADDRESS: | 222 S RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | SHERYL GOODMAN | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 222 S. RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606 | | |

| | | | |
|-----------------|------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | CARLOS HARDING | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 222 S. RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHERYL GOODMAN

SHERYL GOODMAN, SECRETARY

9/19/2013

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.