

FILED

Sep 03, 2002 8:00 am  
Secretary of State

09-03-2002 90116 010 \*\*\*158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004354

1. Entity Name  
SII INC.

Principal Place of Business  
100 METROPLEX DR., SUITE 101  
EDISON NJ 08817

Mailing Address  
100 METROPLEX DR., SUITE 101  
EDISON NJ 08817

2. Principal Place of Business  
100 METROPLEX DR

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.

City & State  
EDISON

City & State

Zip  
NJ

Country  
USA

Zip  
08817

Country  
USA

4. FEI Number 22-3336612

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELLANKI, MOHAN K  
660 BELTRESS ST. APT. 219  
DUNEDIN FL 34698

Name  
SUNEEL SAWANT

Street Address (P.O. Box Number is Not Acceptable)

No New Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! - FEE IS \$550.00 -  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SAWANT, SUNEEL 7 MILLER FARM RD SOMERSET NJ 08873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANSE, NINAD 1008 RIVENDELL WAY EDISON NJ 08817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARUWALA, FAROKH 7 MILLER FARM ROAD SOMERSET NJ 08873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWANT, SHALAKA 7 MILLER FARM ROAD SOMERSET NJ 08873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/02 Date 732 777 7970 Daytime Phone #

CR2E034 (4/02)