

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003869

FILED
Apr 21, 2008
Secretary of State

Entity Name: TECHLOGIX, INC.

Current Principal Place of Business:

800 W. CUMMINGS PARK
4950
WOBURN, MA 01801

New Principal Place of Business:

Current Mailing Address:

800 W. CUMMINGS PARK
4950
WOBURN, MA 01801

New Mailing Address:

FEI Number: 04-3560314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: AFRIDI, KHURRAM
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, MA 01801

Title: V () Delete
Name: BALOCH, AIJAZ
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: CHEEMA, MUNAWAR
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, MA 01801

Title: TD () Delete
Name: KHAWAJA, KEWAN
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: AKHTAR, SALMAN
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, TX 77027

Title: D () Delete
Name: MALIK, SALIK S
Address: 800 W. CUMMINGS PARK, SUITE 4950
City-St-Zip: WOBURN, MA 01801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIJAZ BALOCH

V

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date