

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90163 029 ***150.00

DOCUMENT # P99000044090

1. Entity Name

IMRGLOBAL - ORION CONSULTING, INC.

Principal Place of Business

Mailing Address

26750 U.S. HWY 19 NORTH, STE. 500
 CLEARWATER FL 33761

26750 U.S. HWY 19 NORTH, STE. 500
 CLEARWATER FL 33761-3460

2. Principal Place of Business

3. Mailing Address

100 South Missouri Ave
 Suite, Apt. #, etc.

100 South Missouri Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Clearwater, FL

Clearwater, FL

4. FEI Number

Applied For

59-3582973

Not Applicable

Zip

Country

33756

USA

Zip

Country

33756

USA

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

PATEL, DILIP
 26750 U.S. HWY 19 NORTH, STE. 500
 CLEARWATER FL 33761

Name *IMRglobal Corp.*
 Street Address (P.O. Box Number is Not Acceptable) *Attn: General Counsel*
100 South Missouri Ave.
 City *Clearwater,* FL Zip Code *33756*

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.

SIGNATURE *[Signature]* **IMRGLOBAL CORP**
 by **DILIP PATEL, GENERAL COUNSEL, VP & Sec.** **4/4/00**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	SANAN, SATISH K
STREET ADDRESS	26750 U.S. HWY 19 NORTH, STE. 500
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	D <input type="checkbox"/> Delete
NAME	ADDONISIO, VINCENT
STREET ADDRESS	26750 U.S. HWY 19 NORTH, STE. 500
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HINDMAN, JOHN R
STREET ADDRESS	26750 U.S. HWY 19 NORTH, STE. 500
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>100 South Missouri Ave.</i>
CITY-ST-ZIP	<i>Clearwater, FL 33756</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Same as above</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>V/S Patel, Dilip</i>
CITY-ST-ZIP	<i>100 South Missouri Ave. Clearwater, FL 33756</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **DILIP PATEL, VP, Gen Counsel & Secretary** **4/4/00** **(727) 467-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)