FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am DOCUMENT # F00000004703 **Secretary of State** 1. Entity Name 01-23-2002 90030 035 ***150.00 MASTECH APPLICATION SERVICES, INC. Principal Place of Business Mailing Address -600-ANDERSON-DR. . . . 1000 ANDERSON DR. FOSTER PLAZA 101 FOSTER PLAZA 10 PITTSBURGH PA 15220 PITTSBURGH PA 15220 2. Principal Place of Business 3. Mailing Address 680 AUDERSE 680 ANDSD S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 25-1855499 Not Applicable Zip Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Delete TITLE Change TITLE NAME NAME TRIVEDI, ASHOK **CR2E034** 485207, 106328814A08 STREET ADDRESS STREET ADDRESS 680 ANDERSON DR. FOSTER PLAZA 10 CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15220 Change ☐ Addition TITLE TITLE ☐ Delete ZUGAY MICHAEL NAME NAME -HANEY: BRUCE STREET ADDRESS STREET ADDRESS -680 Anderson dr. Foster Plaza 10 CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15220 ☐ Change TITLE 🔀 Delete TITLE ☐ Addition NAME NAME NOORANI; AJMAL STREET ADDRESS STREET ADDRESS 680-ANDERSON DR. FOSTER PLAZA 10 CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15220 Change Change ☐ Addition TITLE DCE0 ☐ Delete TITLE NAME WADHWANI, SUNIL NAME LOO AMASSESS DE FOSTE PLAZA 10 STREET ADDRESS STREET ADDRESS 688 ANDERSON DR. FOSTER PLAZA 10-CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH:PA 15220 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR