

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90190 009 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F01000004036**

1. Entity Name  
**INFOTECH SOFTWARE SOLUTIONS, INC.**



**90136007**

Principal Place of Business  
1700 IOWA AVE., SUITE 100  
RIVERSIDE, CA 92507

Mailing Address  
1700 IOWA AVE., SUITE 100  
RIVERSIDE, CA 92507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**33-0887496**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 substituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**CD  
REDDY, B.V.R. MOHAN  
347 ROAD NO. 22 JUBILEE HILLS  
HAYDERABAD, A.P. INDIA,**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
SUCHARITHA, B  
347 ROAD NO. 22 JUBILEE HILLS  
HAYDERABAD, A.P. INDIA,**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
KASSETTY, RAJAN BABU  
9024 KARA CIRCLE  
RIVERSIDE, CA 92508**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/9/03

909-686 5463

CFE034 (10/02)