

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000003591

1. Entity Name
INFORMATION GATEWAYS INC.



Principal Place of Business
**30300 TELEGRAPH ROAD
STE 123
BINGHAM FAMS, MI 48025**

Mailing Address
**30300 TELEGRAPH ROAD
STE 123
BINGHAM FAMS, MI 48025**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3342858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000741181
05/15/07-80019-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CHENNAMSETTY, VEERASWAMI 30300 TELEGRAPH ROAD STE 123 BINGHAM FARMS, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP MONGA, SUNIL 6800 VERSAR CENTER, STE 300 SPRINGFIELD, VA 22151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHENNAMSETTY, VIJAYA 30300 TELEGRAPH ROAD STE 123 BINGHAM FARMS, MI 48025
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: VEERASWAMI CHENNAMSETTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2007
Date

248-290-0190
Daytime Phone #