

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 043 ***150.00

DOCUMENT # F03000003591

1. Entity Name
INFORMATION GATEWAYS INC.



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

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

40067382



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
38-3342858

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name
BUSINESS FUNDS INC.

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

1203 GOLFPODS SQUARE BLVD, STE 101

City
TALLAHASSEE

FL

Zip Code
32301-2960

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
**CPT
CHENNAMSETTY, VEERASWAMI
30300 TELEGRAPH ROAD STE 123
BINGHAM FARMS, MI 48025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VCVP
MONGA, SUNIL
6800 VERSAR CENTER, STE 300
SPRINGFIELD, VA 22151** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DS
CHENNAMSETTY, VIJAYA
30300 TELEGRAPH ROAD STE 123
BINGHAM FARMS, MI 48025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11, 2008

Date

Signature Block #