


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90265 044 ***150.00

DOCUMENT # F04000005172	
1. Entity Name YANTRA CORPORATION	

Principal Place of Business ONE PARK WEST TEWKSBURY, MA 01876	Mailing Address ONE PARK WEST TEWKSBURY, MA 01876
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20041007

2. Principal Place of Business 4600 Lakehurst Court	3. Mailing Address 4600 Lakehurst Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Dublin, OH	City & State Dublin, OH
Zip 43016	Country USA



04112005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3289299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FEDDERSEN, DON 83 WALNUT STREET WELLESLEY, MA 02481 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Samuel R. Starr 4600 Lakehurst Court Dublin, OH 43016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELLURKAR, DEVDUTT ONE PARK WEST TEWKSBURY, MA 01876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Devdutt Yellurkar One Park West Tewksbury, MA 01876 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, MARK ONE PARK WEST TEWKSBURY, MA 01876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael A. Meyer 4600 Lakehurst Court Dublin, OH 43016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMONY, IZHAR 1000 WINTER STREET SUITE 3300 WALTHAM, MA 02154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Director Donna M. Angiulo 4600 Lakehurst Court Dublin, OH 43016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCH, OTHER 1000 WINTER STREET SUITE 3300 WALTHAM, MA 02154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John J. Stephens 175 E. Houston St., San Antonio, TX 78205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOUGLAS 379 NORTH WHISMAN ROAD MOUNTAIN VIEW, CA 94043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Samuel R. Starr 4600 Lakehurst Court Dublin, OH 43016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Donna M. Angiulo **Donna M. Angiulo** 4/15/05 **614-793-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #