


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90116 008 \*\*\*150.00

<b>DOCUMENT # F04000005172</b>	
1. Entity Name <b>YANTRA CORPORATION</b>	

Principal Place of Business <b>4600 LAKEHURST COURT DUBLIN, OH 43016</b>	Mailing Address <b>4600 LAKEHURST COURT DUBLIN, OH 43016</b>
---	---

**50016393**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04182006 Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEDDERSEN, DON			NAME	John J. Stephens		
STREET ADDRESS	83 WALNUT STREET			STREET ADDRESS	175 E. Houston Street		
CITY-STATE-ZIP	WELLESLEY, MA 02481			CITY-STATE-ZIP	San Antonio, TX 78205	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P	<input type="checkbox"/> Delete		TITLE	VP/AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YELLURKAR, DEVDUIT			NAME	Donna M. Angiulo		
STREET ADDRESS	ONE PARK WEST			STREET ADDRESS	4600 Lakehurst Court		
CITY-STATE-ZIP	TEWKSBURY, MA 01876			CITY-STATE-ZIP	Dublin, OH 43016		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLAGHER, MARK			NAME	Michael A. Meyer		
STREET ADDRESS	ONE PARK WEST			STREET ADDRESS	4600 Lakehurst Court		
CITY-STATE-ZIP	TEWKSBURY, MA 01876			CITY-STATE-ZIP	Dublin, OH 43016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARMONY, IZHAR			NAME	Samuel R. Starr		
STREET ADDRESS	1000 WINTER STREET SUITE 3300			STREET ADDRESS	4600 Lakehurst Court, Dublin, OH		
CITY-STATE-ZIP	WALTHAM, MA 02154			CITY-STATE-ZIP	43016		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, DOUGLAS			NAME	Larry Boyle		
STREET ADDRESS	379 NORTH WHISMAN ROAD			STREET ADDRESS	4600 Lakehurst Court		
CITY-STATE-ZIP	MOUNTAIN VIEW, CA 94043			CITY-STATE-ZIP	Dublin, OH 43016		

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: *Donna M. Angiulo* **4/18/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #