

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000002211 (9)**

1. Corporation Name  
**PROFICIENT BUSINESS SYSTEMS, INC.**

Principal Place of Business <b>1323 SUMMIT DR. SUITE A CHARLESTON WV 25302</b>	Mailing Address <b>1323 SUMMIT DR. SUITE A CHARLESTON WV 25302-2634</b>
---	--



2. Principal Place of Business <b>105 ANNE COURT</b> Suite, Apt. #, etc.		2a. Mailing Address <b>105 ANNE COURT</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/05/1995</b>	3a. Date of Last Report <b>01/26/1996</b>
23. City & State <b>VERNON HILLS, IL</b>		28. City & State <b>VERNON HILLS, IL</b>		4. FEI Number <b>36-3984423</b>	Applied For Not Applicable
24. Zip <b>60061</b>		29. Zip <b>60061</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country <b>USA</b>		30. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
26. Country <b>USA</b>		31. Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WOLFE, LARRY 200 A JOHN KNOX ROAD TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		NOTE: Registered Agent's signature required when reinstating.		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KATHURIA NEERU</b>		1.2 NAME		
STREET ADDRESS	<b>105 ANNE COURT</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>VERNON HILLS IL</b>		1.4 CITY - ST - ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KATHURIA ASHISH</b>		2.2 NAME		
STREET ADDRESS	<b>105 ANNE COURT</b>		2.3 STREET ADDRESS		
CITY - ST - ZIP	<b>VERNON HILLS IL</b>		2.4 CITY - ST - ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VARSHNEY, RATISH</b>		3.2 NAME		
STREET ADDRESS	<b>1323 SUMMIT DR. #A</b>		3.3 STREET ADDRESS		
CITY - ST - ZIP	<b>CHARLESTON WV 25302</b>		3.4 CITY - ST - ZIP		
TITLE	<b>C</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VARSHNEY, SADHNA</b>		4.2 NAME		
STREET ADDRESS	<b>1323 SUMMIT DR. #A</b>		4.3 STREET ADDRESS		
CITY - ST - ZIP	<b>CHARLESTON WV 25302</b>		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 2a if changed, or on an attachment with an address.

SIGNATURE: *Ratish Varshney* (RATISH C. VARSHNEY) 04-11-97 (304) 344-3429

CR2E034 (9/96)