

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000002211

FILED
Apr 09, 2003
Secretary of State

Entity Name: PROFICIENT BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

175 E HAWTHORN PKWY
SUITE 405
VERNON HILLS, IL 60061 US

New Principal Place of Business:

Current Mailing Address:

175 E HAWTHORN PKWY
SUITE 405
VERNON HILLS, IL 60061 US

New Mailing Address:

FEI Number: 36-3984423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KATHURIA NEERU,
Address: 105 ANNE COURT
City-St-Zip: VERNON HILLS, IL

Title: V () Delete
Name: KATHURIA ASHISH,
Address: 105 ANNE COURT
City-St-Zip: VERNON HILLS, IL

Title: S () Delete
Name: VARSHNEY, RATISH
Address: 1709 N SAINT ANDREW DR
City-St-Zip: VERNON HILLS, IL 60061

Title: C () Delete
Name: VARSHNEY, SADHNA
Address: 1709 N SAINT ANDREW DR
City-St-Zip: VERNON HILLS, IL 60061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RATISH VARSHNEY

S

04/09/2003

Electronic Signature of Signing Officer or Director

Date