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1997 JUL 17 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003494 (9)

1. Corporation Name  
INTELLIGROUP, INC.

Principal Place of Business

517 ROUTE ONE SOUTH  
ISELIN NJ 08830

Mailing Address

517 ROUTE ONE SOUTH  
ISELIN NJ 08830-3011

3. Date Incorporated or Qualified

07/10/1996

3a. Date of Last Report

4. FEI Number

11-2880025

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

000002243046--0

82 Street Address (P.O. Box Number is ☐ Not Applicable)

07/21/97-01102-001

\*\*\*\*\*8.75 \*\*\*\*\*8.75

83

000002243046--0

84 City

07/21/97-01102-002

\*\*\*\*\*550.00 \*\*\*\*\*550.00

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CEOP  
PANDEY, ASHOK  
STREET ADDRESS  
517 ROUTE ONE SOUTH  
CITY-ST-ZIP  
ISELIN NJ 08830

TITLE ☐ DELETE

NAME  
VD  
KONERU, RAJKUMAR  
STREET ADDRESS  
517 ROUTE ONE SOUTH  
CITY-ST-ZIP  
ISELIN NJ 08830

TITLE ☐ DELETE

NAME  
VD  
VALLURIPALLI, NAGARJUN  
STREET ADDRESS  
517 ROUTE ONE SOUTH  
CITY-ST-ZIP  
ISELIN NJ 08830

TITLE ☐ DELETE

NAME  
CFOT  
OLANOFF, ROBERT  
STREET ADDRESS  
517 ROUTE ONE SOUTH  
CITY-ST-ZIP  
ISELIN NJ 08830

TITLE ☐ DELETE

NAME  
D  
MOHAN, KEVIN P  
STREET ADDRESS  
600 ATLANTIC AVENUE SUITE 2800  
CITY-ST-ZIP  
BOSTON MA 02210-2227

TITLE ☐ DELETE

NAME  
D  
ROBERTS, THOMAS S  
STREET ADDRESS  
600 ATLANTIC AVENUE SUITE 2800  
CITY-ST-ZIP  
BOSTON MA 02210-2227

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
D  
KLAUS BESIER  
1.3 STREET ADDRESS  
21 Bedford Center Rd  
1.4 CITY-ST-ZIP  
Bedford Hills, NY 10507

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
D  
DAVID FINLEY  
2.3 STREET ADDRESS  
1983 Premier Drive  
2.4 CITY-ST-ZIP  
Mankato MN 56001

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 13 if changed, or on an attachment with an address.

SIGNATURE:

ASHOK PANDEY

7/1/97

CR2E034 (9/96)