

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1996	
21 NEW JERSEY		26		4. FEI Number 11-2880025	Applied For Not Applicable
22 Suite, Apt. #, etc.		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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

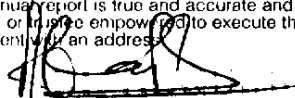
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	PRESIDENT / CEO
NAME	PANDEY, ASHOK	1.2 NAME	KONERU RAJKUMAR
STREET ADDRESS	517 ROUTE ONE SOUTH	1.3 STREET ADDRESS	517 Route 1 South
CITY-ST-ZIP	ISELIN NJ 08830	1.4 CITY-ST-ZIP	Iselin NJ 08830
TITLE	VD	2.1 TITLE	CFO T
NAME	KONERU, RAJKUMAR	2.2 NAME	PANDEY Ashok
STREET ADDRESS	517 ROUTE ONE SOUTH	2.3 STREET ADDRESS	517 us 1 south sh HIR
CITY-ST-ZIP	ISELIN NJ 08830	2.4 CITY-ST-ZIP	Iselin NJ 08830
TITLE	VD	3.1 TITLE	
NAME	VALLURIPALLI, NAGARJUN	3.2 NAME	
STREET ADDRESS	517 ROUTE ONE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	3.4 CITY-ST-ZIP	
TITLE	CFOT	4.1 TITLE	
NAME	OLANOFF, ROBERT	4.2 NAME	
STREET ADDRESS	517 ROUTE ONE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MOHAN, KEVIN P	5.2 NAME	
STREET ADDRESS	600 ATLANTIC AVENUE SUITE 2800	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210-2227	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBERTS, THOMAS S	6.2 NAME	
STREET ADDRESS	600 ATLANTIC AVENUE SUITE 2800	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210-2227	6.4 CITY-ST-ZIP	

14. 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 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 to an address.

SIGNATURE:



CR2E034 (10/97)