

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90091 006 ***150.00

DOCUMENT # F96000003494

1. Entity Name
INTELLIGROUP, INC.

Principal Place of Business

Mailing Address

**499 THORNALL STREET
 11TH FLOOR
 EDISON NJ 08837
 US**

**499 THORNALL STREET
 11TH FLOOR
 EDISON NJ 08837
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2880025**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CEOD** Delete
 NAME: **PANDEY, ASHOK**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON NJ 08837**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **CEOD** Delete
 NAME: **KONERU, RAJKUMAR**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON NJ 08837**

TITLE: **DIRECTOR** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **C** Delete
 NAME: **VALLURIPALLI, NAGARJUN**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON NJ 08837**

TITLE: **CEO (CHAIRMAN OF THE BOARD)** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **BESLER, KLAUS**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON NJ 08837**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **CFO** Delete
 NAME: **VISCO, NICHOLAS**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON NJ 08837**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **LISTED OFFICERS/DIRECTORS**
 STREET ADDRESS: **AS OF DEC. 31, 2000.**
 CITY-ST-ZIP:

TITLE: **DIRECTOR** Change Addition
 NAME: **DENNIS MCINTOSH**
 STREET ADDRESS: **499 THORNALL ST**
 CITY-ST-ZIP: **EDISON, N.J. 08837**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS VISCO-CFO

4/19/01

Date

732.590.1600

Daytime Phone #

CR2E034 (10/00)