


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005470		
1. Entity Name UBICS, INC.		

Principal Place of Business 333 TECHNOLOGY DRIVE #210 CANONSBURG, PA 15317	Mailing Address 333 TECHNOLOGY DRIVE #210 CANONSBURG, PA 15317
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

FILED

06 AUG -9 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072006 Chg-P CR2E034 (11/05)

4. FEI Number 34-1744587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

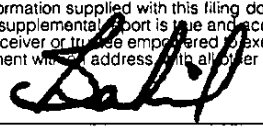
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALLYA, VIJAY 333 TECHNOLOGY DRIVE, STE. 210 CANONSBURG, PA 15317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600078885596 08/18/06--01045--021 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GODBOLE, GIRISH 333 TECHNOLOGY DRIVE, STE. 210 CANONSBURG, PA 15317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATIL, SUNIL 15 DHRUV KUMJ 1T1 ROAD PUNE INDIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT PATIL, SUNIL PRIMROSE - THE MALL, 4th FL., BANER PUNE INDIA 411045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, KENT 2721 DEER MEADOW DRIVE DANVILLE, CA 94506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELDFOORD, SCOTT R 2039 BRODERICK STREET SAN FRANCISCO, CA 94115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR HELDFOORD, SCOTT 2946 PIERCE ST. SAN FRANCISCO, CA 94115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRA, MANOHAR B 2040 ENGLISH TURN DRIVE PRESTON, PA 151421036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with my address with all other like empowered.

SIGNATURE:  **SUNIL PATIL, PRESIDENT** 8/7/06 724-746-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #