
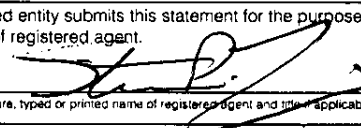
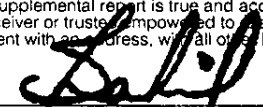


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB -7 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F97000005470</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1744587	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				STEVEN P. ZIEGLER SPECIAL ASSISTANT SECRETARY 2-6-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALLYA, VIJAY		NAME		
STREET ADDRESS	333 TECHNOLOGY DRIVE, STE. 210		STREET ADDRESS		
CITY-ST-ZIP	CANONSBURG, PA 15317		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATIL, SUNIL		NAME		
STREET ADDRESS	PRIMEROSE - THE MALL, 4TH FL., BANER		STREET ADDRESS		
CITY-ST-ZIP	PUNE INDIA 411045		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, KENT		NAME		
STREET ADDRESS	2721 DEER MEADOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DANVILLE, CA 94506		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELDFOORD, SCOTT		NAME		
STREET ADDRESS	2946 PERCE ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94945		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRA, MANOHAR B		NAME		
STREET ADDRESS	2040 ENGLISH TURN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PRESTON, PA 151421036		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE:  SUNIL PATIL, PRESIDENT 2/5/07 724-746-6001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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