


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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006711 (2) 1. Corporation Name CITICORP INFORMATION TECHNOLOGY INDUSTRIES LIMITED CORPORATION		



Principal Place of Business UNIT 10/11 SDFI ANDHERI (E) MUMBAI 400 096 INDIA	Mailing Address UNIT 10/11 SDFI ANDHERI (E) MUMBAI 400 096 INDIA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-3316578	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BHAGWAT, R S <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHURSHID-ABAD ALTAMOUNT RD	1.2 NAME	GILSON JOHN
STREET ADDRESS	BOMBAY 400 026 INDIA	1.3 STREET ADDRESS	37A, GAYTON ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LONDON NW2 1UB
TITLE	D BHARGAVA, AKSHAY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#243 MAKER TOWERS CUFFE PARADE	2.2 NAME	RELAN AJAY
STREET ADDRESS	BOMBAY INDIA	2.3 STREET ADDRESS	C-121 DEFENCE COLONY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEW DEHLI 110 024, INDIA
TITLE	D CONNER, DAVID <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 BACKBAY RECLAMATION 10TH FL	3.2 NAME	HUKKU RABESH
STREET ADDRESS	NARIMAN POINT BOMBAY INDIA	3.3 STREET ADDRESS	APT 3316 POWER MILL HEIGHTS
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GATES COURT, MORRIS PLAINS, NY 104950
TITLE	D VENKATACHALAM, S <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8 E HARBOUR HEIGHTS BLOCK B COLABA	4.2 NAME	TWYMAN WILLIAM
STREET ADDRESS	BOMBAY INDIA	4.3 STREET ADDRESS	336 DULX POND ROAD, LOCUST VALLEY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK 11560
TITLE	D CHOPRA, T K <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 7/4 VASANT VIHAR	5.2 NAME	
STREET ADDRESS	NEW DEHLI 110 057 INDIA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PAMNANI, NANOO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	8000002486258
NAME	6TH FLOOR 336	6.2 NAME	-04/13/98--01018--033
STREET ADDRESS	STRAND LA	6.3 STREET ADDRESS	***158.75
CITY-ST-ZIP		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 with an address.

SIGNATURE _____ DATE 4-2-98

CR2E034 (10/97)