


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90001 035 ***550.00

DOCUMENT # F97000006711
Corporation Name
CITICORP INFORMATION TECHNOLOGY INDUSTRIES LIMITED CORPORATION



Principal Place of Business
UNIT 10/11 SDFI ANDHERI (E)
MBAI 400 096 INDIA

Mailing Address
UNIT 10/11 SDFI ANDHERI (E)
MUMBAI 400 096 INDIA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1997

4. FEI Number
22-3316578

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

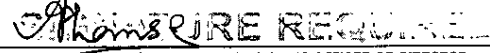
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D GILSON, JOHN 37A, GAYTON ROAD LONDON NW2-1UB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP C CONNER DAVID SANGHI HOUSE, 94 MAPEAN SEAR RD. MUMBAI, INDIA - 400006
<input type="checkbox"/> DELETE	D RELAN, AJAY C-121 DEFENCE COLONY NEW DELHI, INDIA 111-024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D WEILL, MARC 36N MOORE APT 6D NEWYORK, NY 10013 USA
<input type="checkbox"/> DELETE	D HUKKU, RAJESH APT 3316 POWER MILL HEIGHTS, GATES COURT MORRIS PLAINS NJ 07950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D BHAGNAT RAMCHANDRA USHAKIRAN, CARMILCHAE RD MUMBAI-400026 INDIA
<input type="checkbox"/> DELETE	D VENKATACHALAM, S 8 E. HARBOUR HEIGHTS BLOCK B COLABA BOMBAY, INDIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D COMFORT WILLIAM JR. 336, DUCKPOND ROAD, LOCUST VALLEY NEWYORK U.S.60 U.S.A
<input checked="" type="checkbox"/> DELETE	D CHOPRA, T K D 7/4 VASANT VIHAR NEW DEHLI 110 057 INDIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	D PAMNANI, NANOO 6TH FLOOR 336 STRAND LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:  SIGNATURE REQUIRED 9/8/99 718-248-2314

CR2E034 (5/99)