

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).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90001 035 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **F97000006711**  
 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/18/1997</b>	
4. FEI Number <b>22-3316578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (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 <b>CONNER DAVID</b> <b>SANGHI HOUSE, 94 MAPEAN SEA RD.</b> <b>MUMBAI, INDIA - 400006</b>
<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 <b>WEILL, MARC</b> <b>36N MOORE APT 6D</b> <b>NEWYORK, NY 10013 USA</b>
<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 <b>BHAGMAT RAMCHANDRA</b> <b>USHAKIRAN, CARMILHAEL RD</b> <b>MUMBAI 400026 INDIA</b>
<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 <b>COMFORT WILLIAM JR.</b> <b>336, DUCKPOND ROAD, LOCUST VALLEY</b> <b>NEWYORK U.S.60 U.S.A</b>
<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)