## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000958

INFOEXPERTS, INC.

1. Entity Name

## FILED Apr 11, 2002 8:00 am Secretary of State

04-11-2002 90102 046 \*\*\*150.00

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763404 DU NUI WAILE IN INIS SPACE 2. Principal Place of Business 3. Mailing Address III W. SPRING VALLEY ROAD I W. SPRING VALLEY ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 150 SUITE 150 City & State City & State 4. FEI Number Applied For 75-2614943 <u>RICHARDSON</u> Not Applicable RICHARDSON Country Country \$8.75 Additional 5. Certificate of Status Desired 75081 75081 V.S. Fee Required USA 7...Name and Address of Current Registered Agent PANDITH DO NOT WRITE Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. П Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. VICE PRESIDENT CD0E021B (10/01 TITL F TITI F NAME NAME NICK PUNYAMURTHY III W. SPRING VALLEY RD., SUITE 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHARDSON, TX 75081 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE JIILE NAME NAME ATTY ATTYESS STREET ADDRESS Chy Sir CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

FO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR