

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006133

1. Entity Name

NICCO INFOTEC, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90007 004 \*\*\*150.00

Principal Place of Business	Mailing Address
200 MIDDLESEX-ESSEX TURNPIKE, #102 ISELIN NJ 08830	200 MIDDLESEX-ESSEX TURNPIKE, #102 ISELIN NJ 08830

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	22-3520222	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	MENON, BASKAR
STREET ADDRESS	200 MIDDLESEX-ESSEX TURNPIKE, #102
CITY-ST-ZIP	ISELIN NJ 08830
TITLE	S
NAME	DE, ARUNAVA
STREET ADDRESS	200 MIDDLESEX-ESSEX TURNPIKE, #102
CITY-ST-ZIP	ISELIN NJ 08830
TITLE	D
NAME	BASU, U K
STREET ADDRESS	2 HARE STREET
CITY-ST-ZIP	CALCUTTA, WEST BENGAL, INDIA
TITLE	D
NAME	CHAUDHURI, M. K. RAY
STREET ADDRESS	2 HARE STREET
CITY-ST-ZIP	CALCUTTA, WEST BENGAL, INDIA
TITLE	D
NAME	SINGH, L M
STREET ADDRESS	P.O. BOX 20485
CITY-ST-ZIP	MANAMA, BAHRAIN
TITLE	D
NAME	SEN, MANAB
STREET ADDRESS	P.O. BOX 20485
CITY-ST-ZIP	MANAMA, BAHRAIN

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	BASKAR MENON	02/15/2000	732 283 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)