FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am F99000006133 DOCUMENT # **Secretary of State** 1. Entity Name MINDTECK CONSULTING, INC. 02-11-2002 90192 011 ***150.00 Principal Place of Business Mailing Address 200 MIDDLESEX ESSEX TURNPIKS, #102-200 MIDDLESEX-ESSEX TURNPIKE: #102 ISELIN NJ 08830 ISELIN NJ 00630 495 B. Route 1, South. Suite # 300, Inelia, NJ 08830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-3520222 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. P.B. BOX ENGA **"特别"**"也" SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so a suppose After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back);- ;; Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) DIRECTOR TITLE CEOMIT AT ILL M Addition ☐ Delete MENON, BASKAR 200 MIDDLESEX ESSEX TURNPIKE, #102 485 TS. Route 100 MIDDLESEX ESSEX TURNPIKE, #102 A South, Suite 100 MIDDLESEX ESSEX TURNPIKE, #102 A South, Suite 100 MIDDLESEX ESSEX TURNPIKE, #102 A South, Suite DHANANI MINAZ NAME NAME 485 B Route 1 South, Suite 300 STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Toelin, NJ 08830. S : . . ☐ Delete TITLE Change Addition DE. ARUNAVA NAME 485 B Rowle 2 South NAME 200 MIDDLESEX-ESSEX TURNPIKE, #102 5 € #30 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISELIN NJ 08830 Is eline, 4308830 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME MAMDANI, I NAME STREET ADDRESS 450 PARK AVE #1902 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10022** TITLE ☐ Delete TITLE Change ☐ Addition NAME NANDA, S 5 5 NAME STREET ADDRESS PO BOX 20485 STREET ADDRESS CITY-ST-ZIP MANAMA, BAHRAIN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SINGH, L M NAME 200 MIDDLESEX EGSEX PL #102 485 B Rowle 12 ISELIN NJ 08830 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISELIN NJ 08830 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SHARIF, 1 NAME NAME STREET ADDRESS P.O. BOX 20485 STREET ADDRESS MANAMA, BAHRAIN 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 it 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

an address, with all other like empowered.

changed, or on an attachment wit