

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000008257**1. Entity Name  
TELTEK SOLUTIONS LLC

Principal Place of Business 1905 LINTON LAKE DRIVE, SUITE F DELRAY BEACH FL 33445	Mailing Address 1905 LINTON LAKE DRIVE, SUITE F DELRAY BEACH FL 33445
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**65-1024134**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FLORIDA INCORPORATORS, INC/  
1221 BRICKELL AVENUE, SUITE 900  
  
MIAMI FL 33131 US**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 \_\_\_\_\_ DATE **02/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YADLAPATI SRIKANTH 1780 GRAVES ROAD, APT 804 NORCROSS GA 33093 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURTHY MANAM RADHA KRISHNA 3400 WOODCHASE #2220 HOUSTON TX 77042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRASAD VASIREDDY SRIDHAR 1905 LINTON LAKE DRIVE, SUITE F DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASIREDDY SRIDHAR PMR 1905 LINTON LAKE DRIVE, SUITE F DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: SRIDHAR VASIREDDY** Mr **02/19/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)