## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003555

FILED Mar 12, 2009 Secretary of State

Entity Name: US-INDIA CONSORTIUM OF TRANSPORTATION PROFESSIONALS INCORPORATED

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	ON GREEN BL SSEE, FL 323						
Current Mailing Address:			New Maili	New Mailing Address:			
¥ 1205	NSIDE DRIVE						
	D, VA 23228	US			, ,		
FEI Number:	16-1753516	FEI Number Appli	ed For ( )	FEI Number Not Appl	icable ( )	Certificate of Status De	sired ( )
Name and	Address of 0	Current Registere	d Agent:	Name and	Address of	f New Registered Agei	nt:
298 WILSĆ	CHRISTOPH ON GREEN BL SSEE, FL 323	.VD.					
	named entity e of Florida.	submits this stater	nent for the pu	rpose of changing i	ts registered	d office or registered age	ent, or both,
SIGNATUF	RE:						
	Electron	nic Signature of Re	egistered Agen	t		Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OFFICERS AND	DIRECTORS
Γitle:	ED (	) Delete				( ) Ohamaa ( ) Addition	
√ame: √ddress:	FRANCIS, CHE 298 WILSON G	RISTOPHER M		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	FRANCIS, CHE 298 WILSON G TALLAHASSEE D ( PRASAD, ANAI 1324 MACLAY	RISTOPHER M GREEN BLVD. E, FL 32305 US ) Delete NTH		Name: Address:		( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	FRANCIS, CHE 298 WILSON G TALLAHASSEE D ( PRASAD, ANAI 1324 MACLAY TALLAHASSEE	RISTOPHER M GREEN BLVD. E, FL 32305 US  Delete NTH ROAD E, FL 32312 US  Delete GORY L DR		Name: Address: City-St-Zip: Title: Name: Address:			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M FRANCIS ED 03/12/2009