

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009414

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ABI KATTEL MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

12197 SUNSET CIRCLE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12197 SUNSET CIRCLE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-5592667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATTEL, BIJAYA  
12197 SUNSET CIRCLE  
WELLINGTON, FL 33414      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KATTEL, BIJAYA PHD  
Address: 12197 SUNSET CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: VPS      ( ) Delete  
Name: KATTEL, ARCHANA M PHD  
Address: 12197 SUNSET CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: T      ( ) Delete  
Name: KATTEL, AJAY  
Address: 12197 SUNSET CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: LAMSAL, RUKMINI  
Address: 1368 MALLARD LANDING BLVD. N.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D      ( ) Delete  
Name: SHRESTHA, SHANKAR  
Address: 308 HAMILTON PLACE UNIT 16  
City-St-Zip: HACKENSACK, NJ 07601

Title: S      ( ) Delete  
Name: BAJRACHARYA, SANJAY  
Address: 7458 CHAMPAGNE PLACE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: KATTEL, ARCHANA M PHD  
Address: 12197 SUNSET CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BIJAYA KATTEL

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date