

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34702

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** HINDU UNIVERSITY OF AMERICA, INC.

**Current Principal Place of Business:**

113 ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

113 ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 US

**New Mailing Address:**

113 N. ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 US

**FEI Number:** 59-2977691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DWIVEDI, ABHINAV S MR.  
113 N ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 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:** C  
**Name:** BRAHAM, AGGARWAL R MR.  
**Address:** 5200 VINELAND ROAD  
**City-St-Zip:** ORLANDO, FL 32811 US

**Title:** P  
**Name:** NAGENDRA, H R DR.  
**Address:** 19 EKNATH BHAVAN, GAVIPURAM CIRCLE  
**City-St-Zip:** KG NAGAR, BANGALORE, KARNATA, KA 560019 IN

**Title:** D  
**Name:** MAHESH, MEHTA DR.  
**Address:** 43 VALLEY ROAD  
**City-St-Zip:** NEEDHAM, MA 02492 US

**Title:** T  
**Name:** DWIVEDI, ABHINAV S MR.  
**Address:** 113 N ECONLOCKHATCHEE TRAIL  
**City-St-Zip:** ORLANDO, FL 32825 US

**Title:** S  
**Name:** ADITYANJEE, DR  
**Address:** 3674 WINDSONG COURT  
**City-St-Zip:** WESTLAKE, OH 44145 US

**Title:** D  
**Name:** PAWAN, RATTAN DR.  
**Address:** 4942 W MELROSE AVENUE  
**City-St-Zip:** TAMPA, FL 33629 US

I hereby 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 all other like empowered.

**SIGNATURE:** ABHINAV DWIVEDI

D

04/06/2010

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

\_\_\_\_\_  
Date