2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am \$ Secretary of State P00000044749 DOCUMENT # 1. Entity Name ERP INFOSYS INC. Principal Place of Business Mailing Address PO BOX 66627 7200 SUNSHINE SKYWAY LANE SOUTH, #6H ST PETE BEACH FL 33736 SAINT PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3658039 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARY MATHEWS NATRIONAL REGISTERED AGENTS, INC. (P.C. Box Number is NorAcceptable) **526 EAST PARK AVE** TALLAHASSEE FL 32301 8. The aborenamed entity submits this eletement for the purpose of changing its registered office or registered agent, or both, in the State of Florida MARCH 15, 2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME MATHEWS, MARY L NAME 7200 SUNSHINE SKYWAY LANE SOUTH #6H STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete CHENNUPATI, NR NAME NAME CHENNUPATI, N R 2122 Pleasant Hill Road # 2122 Duluth, GA 30096 12456 FARMCREST COURT #503 STREET ADDRESS STREET ADDRESS HERNDON VA 20171 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: