

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064220

Entity Name: VCARVE, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1832 CAPITAL CIRCLE
SUITE 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 75-1236
DAYTON, OH 45475

New Mailing Address:

FEI Number: 59-3655495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUMBHAM, YOGI
1832 CAPITAL CIRCLE NE
SUITE 3
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALLERLA, RAVINDER
Address: 3494 QUEEN VICTORIA CT.
City-St-Zip: BEAVERCREEK, OH 45431

Title: TD () Delete
Name: KUMBHAM, YOGI
Address: 2032 DUNEAGLE COURT
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D () Delete
Name: REDDY, SUBRAMANYA
Address: 490 PALMER FARM DRIVE
City-St-Zip: YARDLEY, PA 19067 US

Title: SCD () Delete
Name: HARIHARA, RAO K
Address: 3950 AUGUSTA ROAD
City-St-Zip: MIAMISBURG, OH 45342 US

Title: D () Delete
Name: RAMESH, MADALA
Address: 3950 AUGUSTA ROAD
City-St-Zip: MIAMISBURG, OH 45342 US

Title: D () Delete
Name: SRINIVAS, LINGAMANENI
Address: 6445 HILLTOP TRAIL DRIVE
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY RAO

SCD

04/16/2009

Electronic Signature of Signing Officer or Director

Date