

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-10-2001 90059 018 ***150.00

DOCUMENT # P00000098713

1. Entity Name -
TALRUS INFOSYS, INC.

Principal Place of Business 2711 ALLEN RD. #J-19 TALLAHASSEE FL 32312	Mailing Address 2711 ALLEN RD. #J-19 TALLAHASSEE FL 32312
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2. Principal Place of Business 8343 PRINCETON SQUARE Suite, Apt. #, etc. BLVD EAST # 214 City & State JACKSONVILLE	3. Mailing Address 8343 PRINCETON SQUARE Suite, Apt. #, etc. BLVD EAST # 214 City & State JACKSONVILLE
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DO NOT WRITE IN THIS SPACE

Zip 32256	Country FL - U.S.A.	Zip 32256	Country FL, U.S.A.
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4. FEI Number 59-3686827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VADREJU, KAMARAJU
2711 ALLEN RD, #J-19
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT / CEO <input type="checkbox"/> Delete	
NAME KAMARAJU VADREJU	
STREET ADDRESS 8343 PRINCETON SQ BLVD E #214	
CITY-ST-ZIP JACKSONVILLE, FL-32256	
TITLE _____ <input type="checkbox"/> Delete	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	
STREET ADDRESS _____	
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: Kamaraju Vadrevu **04-06-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)