2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000019999

Entity Name: INDUS VENTURES, INC.

Current Principal Place of Business:

505 BLOSSOM WOOD DR.
DEBARY, FL 32713

New Principal Place of Business:

505 BLOSSOMWOOD DR.
DEBARY, FL 32713

Current Mailing Address:

505 BLOSSOM WOOD DR.
DEBARY, FL 32713

New Mailing Address:

505 BLOSSOMWOOD DR.
DEBARY, FL 32713

FEI Number: 59-3698921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUKHERJEE, ANUPAM
505 BLOSSOM WOOD DR.
DEBARY, FL 32713

Name and Address of New Registered Agent:

MUKHERJEE, ANUPAM
505 BLOSSOMWOOD DR.
DEBARY, FL 32713

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: _____ 02/04/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: MUKHERJEE, ANUPAM
Address: 505 BLOSSOM WOOD DR.
City-St-Zip: DEBARY, FL 32713

Title: VSD ( ) Delete
Name: EAPEN, STEVE
Address: 505 BLOSSOM WOOD DR.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: MUKHERJEE, ANUPAM
Address: 505 BLOSSOMWOOD DR.
City-St-Zip: DEBARY, FL 32713

Title: VSD (X) Change ( ) Addition
Name: EAPEN, STEVE
Address: 505 BLOSSOMWOOD DR.
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANUPAM MUKHERJEE PDT 02/04/2002
Electronic Signature of Signing Officer or Director — Date