

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000064295

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** GENNEX BUSINESS TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1617 GOLF VIEW DR  
BELLEAIR, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1617 GOLF VIEW DR  
BELLEAIR, FL 33756 US

**New Mailing Address:**

**FEI Number:** 27-3845681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RYAN, KATHLEEN  
1617 GOLF VIEW DR  
CLEARWATER, FL 33756 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:** P  
**Name:** RYAN, KATHLEEN  
**Address:** 1617 GOLF VIEW DR  
**City-St-Zip:** BELLEAIR, FL 33756 US

**Title:** VP  
**Name:** AHUJA, RAJIV  
**Address:** 1617 GOLF VIEW DR  
**City-St-Zip:** BELLEAIR, FL 33756 US

**Title:** T  
**Name:** RYAN, ADRIENNE  
**Address:** 1617 GOLF VIEW DR  
**City-St-Zip:** BELLEAIR, FL 33756 US

**Title:** S  
**Name:** GIFFORD, ALDA JANE  
**Address:** 251 PARRY RD  
**City-St-Zip:** WARMINSTER, FL 18974 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHLEEN RYAN

P

04/30/2011

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

\_\_\_\_\_  
Date