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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31873

(3)

1. Corporation Name

MASTECH SYSTEMS CORPORATION

Principal Place of Business

1004 MCKEE RD
OAKDALE PA 15071-1099
US

Mailing Address

1004 MCKEE RD
OAKDALE PA 15071-1099
US

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

25-1529755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME TRIVEDI, ASHOK
STREET ADDRESS 1415 STURDY OAK DR.
CITY - ST - ZIP PITTSBURGH PA

TITLE VTD ☐ DELETE

NAME WADHWANI, SUNIL
STREET ADDRESS 930 OSAGE RD
CITY - ST - ZIP PITTSBURGH PA

TITLE VPF ☐ DELETE

NAME ZUGAY, MIKE
STREET ADDRESS 1004 MCKEE RD.
CITY - ST - ZIP OAKDALE PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Co-CHAIRMAN, President + Director ☒ Change ☐ Addition

1.2 NAME TRIVEDI, Ashok
1.3 STREET ADDRESS 1415 Sturdy Oak Dr
1.4 CITY - ST - ZIP PITTSBURGH PA.

2.1 TITLE Co-CHAIRMAN, CEO + Director ☒ Change ☐ Addition

2.2 NAME WADHWANI, SUNIL
2.3 STREET ADDRESS 930 OSAGE Rd
2.4 CITY - ST - ZIP PITTSBURGH PA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if change or addition in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-97

412-787-9561

CR2E034 (9/96)