FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 12 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40259** **(4)**

1. Corporation Name
INFORMATION MANAGEMENT RESOURCES (INDIA) LIMITED , INC.

Principal Place of Business	Mailing Address
26750 U.S. HIGHWAY 19 NORTH, SUITE 500 CLEARWATER FL 34621	26750 U.S. HIGHWAY 19 NORTH, SUITE 500 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1992	3a. Date of Last Report: 09/27/1994
4. FEI Number: 59-1992431	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INFORMATION MANAGEMENT RESOURCES, INC.
26750 US HIGHWAY 19 NORTH
CLEARWATER FL 34621

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SANAN, SATISH	1.2 NAME	DHAWAN, ANAND K.
STREET ADDRESS	26750 U.S. HWY 19 NORTH	1.3 STREET ADDRESS	55A JOR BAGH
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	NEW DELHI, INDIA 110 003
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SLOWGROVE, JEFFERY S	2.2 NAME	SAVOR, VIJAY S.
STREET ADDRESS	26750 U.S. HWY 19 NORTH	2.3 STREET ADDRESS	162 DR. AMBEDKAR ROAD
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	DADAR, BOMBAY, INDIA 400 014
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SANAN, ANNE	3.2 NAME	
STREET ADDRESS	163 WOODCREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RAJU, DANTALURI P	4.2 NAME	
STREET ADDRESS	1710 JOHNSON DR. APT. 314	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL 60084	4.4 CITY-ST-ZIP	
TITLE	DVT	5.1 TITLE	☐ Change ☐ Addition
NAME	SRIDHARAN, K.V.	5.2 NAME	
STREET ADDRESS	UNIT 115, SDF-IV	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOMBAY IN 40009	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	PANDYA, JANAK C	6.2 NAME	
STREET ADDRESS	UNIT 115, SDF-IV	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOMBAY, INDIA 400 096	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: _____ 01/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (1-89) CP