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Jan 28 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 # 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 26750 U.S. HIGHWAY 19 NORTH, SUITE 500
CLEARWATER FL 34621 CLEARWATER FL 34621-3460

3. Date Incorporated or Qualified 08/25/1992 3a. Date of Last Report 01/30/1996
4. FEI Number 58-1992431 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
INFORMATION MANAGEMENT RESOURCES, INC. 81 Name
26750 US HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34621 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME SANAN, SATISH 1.2 NAME
STREET ADDRESS 26750 U.S. HWY 19 NORTH 1.3 STREET ADDRESS
CITY - ST - ZIP CLEARWATER FL 34621 1.4 CITY - ST - ZIP
TITLE D ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME SLOWGROVE, JEFFERY S 2.2 NAME
STREET ADDRESS 26750 U.S. HWY 19 NORTH 2.3 STREET ADDRESS
CITY - ST - ZIP CLEARWATER FL 34621 2.4 CITY - ST - ZIP
TITLE PD ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME GUPTA, ASHUTOSH 3.2 NAME
STREET ADDRESS D-71, GOLDEN ENCLOSE, AIRPORT ROAD 3.3 STREET ADDRESS
CITY - ST - ZIP BANGALORE 560 017 INDIA 3.4 CITY - ST - ZIP
TITLE S ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME RAVINDRAN, KOLLIKAL 4.2 NAME
STREET ADDRESS 18/9 CAMBRIDGE ROAD, ULSOOR 4.3 STREET ADDRESS
CITY - ST - ZIP BANGALORE 560 069 INDIA 4.4 CITY - ST - ZIP
TITLE DVT ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME DESAI AN, NISHITH 5.2 NAME
STREET ADDRESS 94B, MITTAL COURT, MARIMAN POINT 5.3 STREET ADDRESS
CITY - ST - ZIP BOMBAY 400 021 INDIA 5.4 CITY - ST - ZIP
TITLE D ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME SRIDHARAN, KASIK V 6.2 NAME
STREET ADDRESS 3839 WILDWOOD COURT, #230 6.3 STREET ADDRESS
CITY - ST - ZIP PALM HARBOR FL 34684 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] JEFF SLOWGROVE 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)