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Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1992431		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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				85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANAN, SATISH	1.2 NAME	
STREET ADDRESS	26750 U.S. HWY 19 NORTH	1.3 STREET ADDRESS	26750 U.S. Highway 19 N, Suite 500
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOWGROVE, JEFFERY S	2.2 NAME	
STREET ADDRESS	26750 U.S. HWY 19 NORTH	2.3 STREET ADDRESS	26750 U.S. Highway 19 N, Suite 500
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRIDHARAN, KASIK V	6.2 NAME	
STREET ADDRESS	3839 WILDWOOD COURT, #230	6.3 STREET ADDRESS	26750 U.S. Highway 19 N, Suite 500
CITY-ST-ZIP	PALM HARBOR FL 34684	6.4 CITY-ST-ZIP	Clearwater, FL 33761

14. I 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: 3/24/98 813-797-7080

CP2E034 (10/97)