

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90158 021 \*\*\*150.00

DOCUMENT # P40259

1. Corporation Name

INFORMATION MANAGEMENT RESOURCES (INDIA) LIMITED  
, INC.

Principal Place of Business

26750 U.S. HIGHWAY 19 NORTH, SUITE 500  
CLEARWATER FL 34621

Mailing Address

26750 U.S. HIGHWAY 19 NORTH, SUITE 500  
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33761 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33761 30

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ 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 IMR Global Corp. (Name Change)  
82 Street Address (P.O. Box Number is Not Acceptable)  
26750 U.S. Highway 19 N  
83 Suite 500  
84 City Clearwater FL 85 Zip Code 33761

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

4/9/99

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SANAN, SATISH	
STREET ADDRESS	26750 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLOWGROVE, JEFFERY S	
STREET ADDRESS	26750 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUPTA, ASHUTOSH	
STREET ADDRESS	D-71, GOLDEN ENCLOSE, AIRPORT ROAD	
CITY-ST-ZIP	BANGALORE 560 017 INDIA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAVINDRAN, KOLLIKAL	
STREET ADDRESS	18/9 CAMBRIDGE ROAD, ULSOOR	
CITY-ST-ZIP	BANGALORE 560 069 INDIA	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DESAI AN, NISHITH	
STREET ADDRESS	94B, MITTAL COURT, MARIMAN POINT	
CITY-ST-ZIP	BOMBAY 400 021 INDIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SRIDHARAN, KASI V.	
STREET ADDRESS	26750 U.S. HIGHWAY 19 NORTH, SUITE 500	
CITY-ST-ZIP	CLEARWATER FL 34621	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Clearwater, FL 33761
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN R. HINDMAN
2.3 STREET ADDRESS	26750 US HWY 19 NORTH
2.4 CITY-ST-ZIP	CLEARWATER, FL 33761
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VINCENT ADDONISIO
3.3 STREET ADDRESS	26750 US HWY 19 NORTH
3.4 CITY-ST-ZIP	CLEARWATER, FL 33761
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sridharan, Kasi V.

4/9/99

727-797-7080

CR2E034 (11/98)

0415168