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FILED 05 DEC 22 PM 4:25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40851

1. Corporation Name
Data Conversion, Inc.

2. Principal Office Address		3. Mailing Office Address	
One Broadway		One Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cambridge, MA		City & State: Cambridge, MA	
Zip: 02142	Country: USA	Zip: 02142	Country: USA

CR2E051 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida: 10/5/92

5. FEI Number: 042506346 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan Special Asst. Secretary Date: 12/22/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Narendra K. Patni, Director	One Broadway	Cambridge, MA 02142
Treas	Narendra K. Patni	One Broadway	Cambridge, MA 02142
Secy	G. Sriram	One Broadway	Cambridge, MA 02142
Direc	Narendra K. Patni	One Broadway	Cambridge, MA 02142
Direc	John G. Ganick	One Broadway	Cambridge, MA 02142
Direc	Mrinal Sattawala	One Broadway	Cambridge, MA 02142

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Narendra K. Patni Narendra K. Patni President 12/15/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FL010 - 9/14/05 C T System Online

REINSTATEMENT 04-03 B 12/22/05

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Florida Department of State

Division of Corporations

Public Access System

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(((H05000290586 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

DATA CONVERSION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

File First!
A name change is filed second under audit # H05-290586

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