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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:11

DOCUMENT # P93000036591 (4)

1. Corporation Name
INFORMATION TECHNOLOGY GROUP, INC.

Principal Place of Business
529 TERRACEVIEW COVE
#202
ALTAMONTE SPRINGS FL 32714

Mailing Address
529 TERRACEVIEW COVE
#202
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 800 RAVENS CIRCLE, # 107
Suite, Apt. #, etc.
22 SEE #21 # 107
City & State
23 ALTAMONTE SPRINGS, FL. 32714
Zip 24 32714
Country 25 U.S.A

2a. Mailing Address
26 800 RAVENS CIRCLE, # 107
Suite, Apt. #, etc.
27 #107
City & State
28 ALTAMONTE SPRINGS, FL. 32714
Zip 29 32714
Country 30 USA

4. FEI Number: 59-3184869 — 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

9. Name and Address of Current Registered Agent
SINGH, RAMA K
529 TERRACEVIEW COVE
#202
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800 RAVENS CIRCLE, # 107
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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: X [signature] — NOTE: Registered Agent signature required when resigning — DATE: X 03/09/95

12. OFFICERS AND DIRECTORS

P
SINGH, RAMA KANT
~~529 TERRACE VIEW COVE 202~~
~~ALTAMONTE SPRINGS FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 800 RAVENS CIRCLE #107
14 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information contained in 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 above, or on attachments hereto, with any inconsistency or discrepancy.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: X 03/09/95 — Daytime Phone: 407-788-0722

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