

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084963

Entity Name: ANTRIX CORPORATION

FILED
Apr 09, 2005
Secretary of State

Current Principal Place of Business:

879 US HWY 130 N
EAST WINDSOR, NJ 08520 US

New Principal Place of Business:

561 ROUTE 1 SOUTH
E2
EDISON, NJ 08817 US

Current Mailing Address:

32 REMBRANDT WAY
EAST WINDSOR, NJ 08520 US

New Mailing Address:

FEI Number: 65-0630394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDT, ROBERT A
1110 BRICKELL AVENUE,
PH-1
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARMA, BRAHM O
Address: 32 REMBRANDT WAY
City-St-Zip: EAST WINDSOR, NJ 08520

Title: D () Delete
Name: SHARMA, MADHULIKA B
Address: 32 REMBRANDT WAY
City-St-Zip: EAST WINDSOR, NJ 08520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 an attachment with an address, with all other like empowered.

SIGNATURE: BRAHM OM SHARMA

PD

04/09/2005

Electronic Signature of Signing Officer or Director

Date