

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90864 001 *****8.75
 04-24-2000 90864 002 ***150.00

8951



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000068076

1. Entity Name
SHELL SOFT INC.

Principal Place of Business 5115 NORTH SOCRUM LOOP ROAD APT. # 59 LAKELAND FL 33809	Mailing Address 5115 NORTH SOCRUM LOOP ROAD APT. # 59 LAKELAND FL 33809-4291
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2. Principal Place of Business 5115 North Socrum Loop Rd Suite, Apt. #, etc. APT #59 City & State LAKELAND, FL Zip 33809 Country USA	3. Mailing Address 4738 Cheeney St Suite, Apt. #, etc. City & State santacruz, CA Zip 95054 Country USA
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4. FEI Number 94-3285382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIJAYENDER, REDDY S 5115 N. SOCRUM LOOP RD APT. # 59 LAKELAND FL 33809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SINGIREDDY, INDIRA 5115 N. SOCRUM LOOP RD., APT 59 LAKELAND FL 33809			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Vijayender Reddy 4/15/00 408-605-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)