

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90527 029 ***150.00

DOCUMENT # P97000068076

1. Entity Name
SHELL SOFT INC.



Principal Place of Business
**4738 CHEENEY ST.
SANTA CLARA CA 95054**

Mailing Address
**4738 CHEENEY ST
SANTA CLARA CA 95054
US**

60023722



2. Principal Place of Business

**4655 OLD IRON SIDES DR.
Suite, Apt. #, etc. 260**

3. Mailing Address

**4655 OLD IRON SIDES DR.
Suite, Apt. #, etc. 260**

City & State
SANTA CLARA CA

City & State
SANTA CLARA CA

Zip Country
95054 USA

Zip Country
95054 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3285382**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGIREDDY, SUKHENDER
1 TORREY PINES
ORMOND BEACH FL 32174-8773**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sukhender
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SINGIREDDY, INDIRA**
STREET ADDRESS **4738 CHEENEY ST.**
CITY-ST-ZIP **SANTA CLARA CA 95054**

TITLE **O** ☐ Delete
NAME **SINGINEDDY, VIJAY**
STREET ADDRESS **4738 CHEENEY ST.**
CITY-ST-ZIP **SANTA CLARA CA 95054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Singireddy, Indira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03 408-235-8882

CR2E034 (10/02)