FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000079038**1. Corporation Name

INDUS SOFTWARE CONSULTING, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90017 013 ***150.00

		<u> </u>			─{	(69188 14181 (81) (88)
Principal Place	e of Business	Mailing Address				
1675 SWEETWATER WEST CIRCLE 1675 SWEETWATER WEST CIRCLE APOPKA FL 32712 APOPKA FL 32712		RCLE		DO NOT WRITE IN THIS SPACE	=	
1	•				Date Incorporated or Qualifed	
					09/12/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3467042	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				7.5 Additional
22		27			5. Certificate of Status Desired Fe	ee Required
City & State	е	City & State				.00 May Be
23		28			Trust Fund Contribution Ac	Ided to Fees
Zip	Country	Zip	_ Count	ry	8. This corporation owes the current year Intangible	
24	25	29 3	<u> </u>		Personal Property Tax.	5 🗀 140
	9. Name and Address of Curre	nt Registered Agent	8	1 Name		
FLO	RIDA INCORPORATORS, INC.		L	TILA		
	BRICKELL AVENUE SUITE 900)	8	82 Street Address (P.O. Box Number is Not Acceptable) 1675 SWEETWATER WEST CRUE		
MIAN	MI FL 33131		8	3	S DEEL SHIELD WE	
			L			7:- 0-1
			8	City PPO	PICA FL 85	Zip Code 32712
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	us named corn	oration submite this statement for the nurnose of changi	ng its registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auti	norizea d	ov the corporation	n's board of directors. I hereby accept the appointment	as registered
SIGNATURE	Kalhini P C	TAIS TO	LAK		JURI PREGIDENTI/26/9	ς
SIGNATURE	Signature, typed or printed name of registered ag		_	gent signature required		507000 11 40
12.	,	ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRI	
TITLE	D CACTUOL TILAK D	☐ DELETE	1.1 TITL		·	ange
NAME	KASTURI, TILAK B	וחרו ב	1.2 NAM		•	
STREET ADDRESS	1	RULE		ET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712	☐ DELETE	2.1 TITL	-ST-ZIP	□ Ch	ange
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NAME			4. 2 NAN	Æ		ł
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TITLE		☐ DELETE	5.1 TITL		□ Ch	ange
NAME			5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————		-ST-ZIP		
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NAME			6.2 NAM	J.		
STREET ADDRESS				EET ADDRESS		:
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14. 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: