FROM : INDUS PHONE NO. : 4078147676

2/2/12

FILED
May 18, 2001 8:00 am
Secretary of State

02-02-2001 90295 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079038

1. Entity Name
E-PHASE SOFTWARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1675 SWEETWATER WEST CIRCLE APOPKA FL 32712	1675 SWEETWATER WEST CIRCLE APOPKA FL 32712

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
30 Miraloma Dr.	30 Miraloma Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Francisco, CA	City & State: San Francisco, CA
Zip: 94127 Country	Zip: 94127 Country

4. FEI Number 59-3467042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KASTURI, TILAK B
1675 SWEETWATER WEST CIR.
APOPKA FL 32712

7. Name and Address of New Registered Agent
Name ~~[illegible]~~ DONNA Buchholtz
Street Address (P.O. Box Number is Not Acceptable) 208 Ramsbury Ct.
~~30 Miraloma Dr.~~ Longwood, FL 32779
City ~~SAN FRANCISCO~~ FL Zip Code ~~94127~~

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 Kathuri R Tilak Donna L. Buchholtz 01/13/2001
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTURI, TILAK B 1675 SWEETWATER WEST CIRCLE APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTURI, SAILAJA V 1675 SWEETWATER WEST CIRCLE APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Kathuri R Tilak 01/13/2001 415-242-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #