2002 UNIFORM BUSINESS REPORT (UBR) Aug 06, 2002 8:00 am Secretary of State P97000079038 DOCUMENT # 1. Entity Name 08-06-2002 90278 035 ***150.00 E-PHASE SOFTWARE SOLUTIONS, INC. Principal Place of Business Mailing Address 30 MIRALOMA DR 30 MIRALOMA DR SAN FRANCISCO CA 94127 SAN FRANCISCO CA 94127 2. Principal Place of Business 3. Mailing Address 673 PORTOFIND LANE 613 Porto kino Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3467042 Foster FOSTER LITY, L Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7: Name and Address of New Registered Agent **BUHOLTZ, DONNA** Street Address (P.O. Box Number is Not Acceptable) 208 RAMSBURY CR LONGWOOD FL 32779 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (4/02) ☐ Delete TITLE ☐ Addition NAME KASTURI, TILAK B NAME STREET ADDRESS 1675 SWEETWATER WEST CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KASTURI, SAILAJA V NAME STREET ADDRESS 1675 SWEETWATER WEST CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Delete - --JITLE _ __ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

07/30/2002

550-357-7117

Daytime Phone

e-Phasesm

Attendants
#P0720007908 Software Solutions, Inc.

673 Portofino Lane Foster City, CA 94404 Ph: 650-357-7117

July 21, 2002

Division of Corporations Uniform Business Report Filings Tallahassee, FL 32302

Regarding: Waiving of Late Fee

Dear Sir or Madam:

With reference to the recent notice we received regarding 2002 UBR filing, I would like to bring to your attention that we have not received the first notice for UBR filing. I would like to kindly request that the late fees be waived. I am enclosing the check for \$150.00.

Sincerely,

Tilak Kasturi, CTO, Co-Founder

Kalheri. R nore

e-Phase Software Solutions, Inc.