2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# P98000074099

Entity Name: SIERRA INFORMATION & MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3632 SHAMROCK WEST
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

3632 SHAMROCK WEST
TALLAHASSEE, FL 32309 US

Current Mailing Address:

3632 SHAMROCK WEST
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3531443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, M. DILLON
3632 SHAMROCK WEST
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RACHULAPALLI, SARAT K
Address: 761 N. PINE ISLAND RD., APT #210
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete
Name: SUTTON, RICHARD
Address: 116 LAFAYETTE STREET
City-St-Zip: PAWTUCKET, RI 02860

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RACHULAPALLI, SARAT K
Address: 2439 CORNCRIB CT
City-St-Zip: HERNDON, VA 20171

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GUPTA, BODDU
Address: 714 N WAYNE ST, APT 104
City-St-Zip: ARLINGTON, VA 22201

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAT RACHULAPALLI PD 04/09/2005
Electronic Signature of Signing Officer or Director Date