2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000059060** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** AUROSOFT, INC 02-24-2000 90065 033 ***150.00 Principal Place of Business Mailing Address 10151 DEERWOOD PARK BLVD. 10151 DEERWOOD PARK BLVD. BLDG. 200. STE. 250 BLDG. 200. STE. 250 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-3394916 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOTA, NARENDRA B Street Address (P.O. Box Number is Not Acceptable) 10151 DEERWOOD PARK BLVD. BLDG. 200, STE. 250 JACKSONVILLE FL 32256 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE BANDREDDI, RAGHU NAME BANDREDDI, RAGHI NAME 435 WILDBERRY LN STREET ADDRESS STREET ADDRESS 435 WILDBERRY LN. COLUMBUS, OH 43213 CITY-ST-ZIP CITY-ST-ZIP COLUMBIA OH 43213 ☐ Delete TITLE Change 🔀 noitibbA [] TITLE BANDREDDI, PADMAJA NAME BANDREDDI, PADMAJA NAME 435 WILDBERRY LN STREET ADDRESS STREET ADDRESS 435 WILDBERRY LN. COLUMBUS, OH 43213 CITY-ST-7IP CITY-ST-ZIP COLUMBIA OH 43213 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/6/2000 (614)893-1067

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Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99