FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18217** **(7)**

1. Corporation Name
SAJAN, INC.

Principal Place of Business
100 SOUTH MIAMI AVENUE
MIAMI FL 33130

Mailing Address
100 SOUTH MIAMI AVENUE
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt # etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0235839** ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SURANA, PAMIT
100 S. MIAMI AVE.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE
(If changing Registered Agent, New Registered Agent must sign above) (If changing Registered Agent, Former Registered Agent must sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	DP	1 Title	☐ Change ☐ Addition
1 Name	SURANA, PAMIT	1 Name	
1 Street Address	100 S. MIAMI AVE.	1 Street Address	
1 City St Zip	MIAMI FL	1 City St Zip	
2 Title	VP	2 Title	☐ Change ☐ Addition
2 Name	SURANA, AMIT	2 Name	
2 Street Address	100 S. MIAMI AVENUE	2 Street Address	
2 City St Zip	MIAMI FL	2 City St Zip	
3 Title	C	3 Title	☐ Change ☐ Addition
3 Name	SURANA, PRABHA	3 Name	
3 Street Address	100 S. MIAMI AVE.	3 Street Address	
3 City St Zip	MIAMI FL	3 City St Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City St Zip		4 City St Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City St Zip		5 City St Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City St Zip		6 City St Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Amit Surana (VP) 4/29/95 305-358-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0156504 CP