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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S24119** **(7)**

1. Corporation Name

CAPRICORN SYSTEMS, INC.

Principal Place of Business	Mailing Address
7 DUNWOODY PARK #109 ATLANTA GA 30338 US	7 DUNWOODY PARK #109 ATLANTA GA 30338 US

3. Date Incorporated or Qualified: 01/09/1991
3a. Date of Last Report: 05/19/1995

2. Principal Place of Business	2a. Mailing Address
21 GEORGIA	26 CAPRICORN SYSTEMS INC
Suite, Apt. #, etc.: 22 7 DUNWOODY PK, STE 109	Suite, Apt. #, etc.: 27 7 DUNWOODY PK, STE 109
City & State: 23 ATLANTA GA	City & State: 28 ATLANTA GA
Zip: 24 30338 Country: 25 DEKALB	Zip: 29 30338 Country: 30 DEKALB

4. FEI Number: 59-3067912 ☐ 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**

SUDDALA, SATYA
CARROLLWOOD VILLAGE EXECUTIVE CTR., #100
13902 N DALE MABRY HWY.
TAMPA FL 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SUDDALA, SATYA		1.2 NAME	
STREET ADDRESS	311 MONTROSE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AKKINENI, CHAND		2.2 NAME	
STREET ADDRESS	5145 HARBOUR RDIGE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SUDDALA, MURALI		3.2 NAME	
STREET ADDRESS	311 MONTROSE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: AKKineni CHAND AKKINENI 4/29/96 770-399-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #