

**FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# P95000037562

**Entity Name:** CYPRESS CAPITAL GROUP, INC.

**Secretary of State  
CC0362601345**

**Current Principal Place of Business:**

218 ROYAL PALM WAY  
PALM BEACH, FL 33480

**Current Mailing Address:**

218 ROYAL PALM WAY  
PALM BEACH, FL 33480 US

**FEI Number: 65-0579226**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DILLON, PATRICK  
218 ROYAL PALM WAY  
PALM BEACH, FL 33480 US

*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

**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT, CEO  
Name CHIGURUPATI, JAYARAM  
Address 127 WEST BEARS CLUB DRIVE  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name HASSEN, THOMAS E  
Address 243 CLARKE AVENUE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name THURSTON, DOC JONES III  
Address 2419 RED FOX TRAIL  
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR  
Name KANURI, RAMAKRISHNA P  
Address 7225 N. MOBLEY RD.  
City-State-Zip: ODESSA FL 33556

Title DIRECTOR  
Name HELMLY, WILLIAM H  
Address 7634 S. VILLAGE SQ.  
City-State-Zip: VERO BEACH FL 32966

Title SECRETARY  
Name DILLON, PATRICK  
Address 228 ELWA PL  
City-State-Zip: WEST PALM BEACH FL 33405

*I hereby 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 all other like empowered.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date