2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004351

Entity Name: CHANDRA TECHNOLOGIES, INC.

Current Principal Place of Business:

708 HEARTLAND TRAIL **SUITE 3800** MADISON, WI 53717

Current Mailing Address:

708 HEARTLAND TRL, STE 3800 MADISON, WI 53717 US

FEI Number: 04-3644212 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: MARK WILLIAMS 03/16/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT**

Name GURUNATHAN, RAMACHANDRAN Name GURUNATHAN, RAMACHANDRAN Address 708 HEARTLAND TRL, STE 3800 Address 708 HEARTLAND TRL, STE 3800

City-State-Zip: MADISON WI 53717 City-State-Zip: MADISON WI 53717

Title **SECRETARY** Title VICE-PRESIDENT

Name GURUNATHAN, RAMACHANDRAN Name GURUNATHAN, RAMACHANDRAN Address 708 HEARTLAND TRL, STE 3800 Address 708 HEARTLAND TRL, STE 3800

City-State-Zip: MADISON WI 53717 MADISON WI 53717 City-State-Zip:

Title **DIRECTOR-OPERATIONS** Title **TREASURER** RAMACHANDRAN, ANNA Name Name GURUNATHAN, RAMACHANDRAN Address 708 HEARTLAND TRL, Address 708 HEARTLAND TRL, STE 3800

STE#3800 MADISON WI 53717

City-State-Zip: City-State-Zip: MADISON WI 53717

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: ANNA RAMACHANDRAN

Electronic Signature of Signing Officer/Director Detail

DIRECTOR-OPERATIONS

03/16/2023 Date

FILED Mar 16, 2023

Secretary of State

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