

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003732

**FILED**  
**May 06, 2019**  
**Secretary of State**  
**1326726374CC**

**Entity Name:** TRIANZ CONSULTING & TECH SERVICES INC.

**Current Principal Place of Business:**

8700 WEST BRYN MAWR AVE., STE 820N  
CHICAGO, IL 60631

**Current Mailing Address:**

5600 RIVER ROAD, STE. 800  
ROSEMONT, IL 60018 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR., STE 150A  
TAMPA, FL 33607 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           PRESIDENT AND CHAIRMAN  
Name           MANCHALA, SRIKANTH  
Address        3979 FREEDOM CIRCLE  
City-State-Zip: SANTA CLARA CA 95054

Title           SECRETARY  
Name           SRIKANTH, LAXMI  
Address        3979 FREEDOM CIRCLE  
City-State-Zip: SANTA CLARA CA 95054

Title           TREASURER AND DIRECTOR  
Name           CHAMAN, ANUSUYA  
Address        3979 FREEDOM CIRCLE  
City-State-Zip: SANTA CLARA CA 95054

Title           DIRECTOR  
Name           ARENDARCYZK, DONALD  
Address        8700 WEST BRYN MAWR AVE., STE  
                 820N  
City-State-Zip: CHICAGO IL 60631

*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:** ANUSUYA CHAMAN

**TREASURER/DIRECTOR**

**05/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date