

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90060 037 ***150.00

DOCUMENT # F00000002395



1. Entity Name
MAHINDRA CONSULTING INC.

Principal Place of Business
**8000 CENTRE PARK DRIVE
SUITE 120
AUSTIN TX 78754**

Mailing Address
**8000 CENTRE PARK DRIVE
SUITE 120
AUSTIN TX 78754**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1000195**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD YARGOP, ULHAS**
STREET ADDRESS **MUHINDRA TOWERS, WORLI**
CITY-ST-ZIP **MUMBAI 400 018, INDIA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **STD GOLDSTEIN, JACK**
STREET ADDRESS **233 BROADWAY, STE. 970**
CITY-ST-ZIP **NEW YORK NY 10279**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MAHINDRA, ANAN**
STREET ADDRESS **MAHINDRA TOWERS, WORLI**
CITY-ST-ZIP **MUMBAI 400 018, INDIA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DOSHI, BHARAT**
STREET ADDRESS **MAHINDRA TOWERS, WORLI**
CITY-ST-ZIP **MUMBAI 400 018, INDIA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BHIWANDIWALA, ZHOOBEN**
STREET ADDRESS **FULTON HOUSE, FULTON ROAD**
CITY-ST-ZIP **WEMBLEY, MIDDLESEX, U.K.**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **DIRECTOR**
STREET ADDRESS **SANTHANAM, A.**
CITY-ST-ZIP **8000 CENTRE PARK DRIVE, AUSTIN, TX 78754**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 *(121) 267-0700*
Date Daytime Phone #

CR2E034 (10/02)