2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0800000799 1. Entity Name OBT GLOBAL INC:					FILED 06 JAN 13 PM 1			
Principal Plac	e of Business	Mailing Address			TALL	ATE		
18851 N.E.	29TH AVE	18851 N.E. 29TH AVE		;-	The transfer of the	JRIĐA:	201	
		SUITE 700 Aventura, FL 33180			in the second of the second		15/06	
AVERTORY, TE 33100								
2. Principal F	Place of Business	3. Mailing Address C/O 2	ZensarTe	ch.				
	HORNALL ST		DNE NORTH LASALLE		90		JOHO PENETE M IEST	
Suite, Apt. #, etc.,		Suite, Apt. #, etc.			\$1042006 REIN-P C	CR2E098 (11	/05)	
SUITE ISD City & State		City & State	SUITE 3650 City & State		4. FEI Number		Applied For	
EDISON NJ			CHICAGO IL		33-1042830	-	Not Applicable	
Zip	Country	Zip.	Country			\$8.7!	5 Additional	
0883	37 USA	60602	USA		5. Certificate of Status Desired [Fee Re		
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Regis	stered Agent		
CORROR	Name							
CORPORATION SERVICE COMPANY 1201 HAYS STREET Stree					eet Address (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301-2525		<u> </u>	<u>'</u>				
			ŀ					
			City			FL Zip	Code	
A T						* . 		
8. The above the obliga	e named entity submits this statement for titions of registered agent.	he purpose of changing its re	egistered office o	r register Horri	ed agent, or both, in the State of Florida	ı. I am familiar	with, and accept	
the obligations of registered agent. Cynthia L. Harris SIGNATURE CANTAGE AS AS Its agent 1/17/06								
SIGNATURE.	Signature Typed or printed name of registered agent an	SUSO				(11)10φ	<u></u>	
	Signature syped or printed name or registered agent and	u side ii appiicadile, (NO1E:	Registered Agent sign	ature requir	ed when reinstating)	DATE		
FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND D		11.	1 8000	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 11	
TITLE NAME	CD CHAUDHARI, VIDHAN	🔼 Delete	TITLE NAME	Masc	OC VP + FINANCIAL C	الكالم دحدد	ange Addition	
STREET ADDRESS	510 THORNALL STREET, SUITE	150	STREET ADDRESS	ONE	NORTH LASAUE, SULTE	E 3650		
CITY-ST-ZIP	EDISON, NJ 08837		CITY-ST-ZIP	C 1100	CAGO, IL 60602			
TITLE	CEO	Delete	TITLE	1		☐ Ch	ange Addition	
NAME	RAO, HARI	J OGISIO	NAME	GAN	JESH NATARAJAN NORTH LASALLE, SUIT	عرو	Jackson	
STREET ADDRESS	510 THORNALL STREET, SUITE	150	STREET ADDRESS	ONE	NORTH LASALLE, SUIT	TE 365	D	
CITY-ST-ZIP	EDISON, NJ 08837		CITY-ST-ZIP	CH	I(A60, IL 60602	-		
TITLE	P	☐ Delete	TITLE		ZECTOR	☐ Ch	ange DAOdition	
NAME	KODALI, RAMESH		NAME	VIVE	EK GUPTA			
STREET ADDRESS	510 THORNALL STREET, SUITE	150	STREET ADDRESS	ONE	NURTH LASALLE	SUATE S	5650	
CITY-ST-ZIP	EDISON, NJ 08837		CITY-ST-ZIP	CH	FECAGO I HUF CODO	924:	·	
TITLE	V CROSSMAN EDIC	Delete	TITLE	DIK	FICAGO I DUFLIDADO LA TORENTA DE STREET OT NORTH 1ST STREET	114 早到	ēnge Addition	
NAME STREET ADDRESS	GROSSMAN, ERIC 510 THORNALL STREET, SUITE	150	NAME STREET ADDRESS	NT.	DO NORTH 1ST STREET	T, STE 36	0	
CITY-ST-ZIP	EDISON, NJ 08837	150	CITY-ST-ZIP	52	N JUSE, CA 9513.	ji		
TITLE	ST ST	EVn. lui	TITLE	1			ange	
NAME	RAO, HARI	Delete	NAME		20006441 01/24/0601051	□Ch :1-4:	ange Audition	
STREET ADDRESS	510 THORNALL STREET, SUITE	150	STREET ADDRESS		01/24/0601051	014 **	300.00 l	
CITY-ST-ZIP	EDISON, NJ 08837		CITY-ST-ZIP				200.00	
TITLE		☐ Delete	TITLE			☐ Ch	ange 🔲 Addition	
NAME			NAME				;	
STREET ADORESS	-		STREET ADDRESS				į	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the regeiver 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, wi	th all other like empowered.					j	
SIGNAT	THE STATE STATE	HILENY IYE	MGAR		01/12/2006	312-51	(3-0600 X3N3	
SIGNATURE SHALLESH TYENGAL 01/12/2006 3/2-553-000 X30/3 SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bale Dayline Proces								