

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F08000000799 1. Entity Name OBT GLOBAL INC.	
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FILED

06 JAN 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06



#1042006 REIN-P CR2E098 (11/05)

Principal Place of Business 18851 N.E. 29TH AVE SUITE 700 AVENTURA, FL 33180	Mailing Address 18851 N.E. 29TH AVE SUITE 700 AVENTURA, FL 33180
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2. Principal Place of Business 510 THORNALL ST Suite, Apt. #, etc., SUITE 150 City & State EDISON NJ Zip 08837	3. Mailing Address <i>c/o Zensar Tech.</i> ONE NORTH LASALLE Suite, Apt. #, etc., SUITE 3650 City & State CHICAGO IL Zip 60602
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Country USA	Country USA	4. FEI Number 33-1042830	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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.

Cynthia L. Harris
as its agent

SIGNATURE Cynthia L. Harris DATE 1/12/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHAUDHARI, VIDHAN 510 THORNALL STREET, SUITE 150 EDISON, NJ 08837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOC VP + FINANCIAL CONTROLLER SHAILESH IVENGAR ONE NORTH LASALLE, SUITE 3650 CHICAGO, IL 60602
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 SHAILESH IVENGAR DATE 01/12/2006 DAYTIME PHONE # 312-553-0600 X3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #