

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90102 046 ***150.00

DOCUMENT # F94000000648
 1. Entity Name
INDOTRONIX INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
331 MAIN MALL **331 MAIN MALL**
POUGHKEEPSIE NY 12601 **SUITE 108**
 POUGHKEEPSIE NY 12601

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
52-1464254 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS
4521 PGA BLVD STE 211
P BCH G FL 33418

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	RAO, DODLA N	
STREET ADDRESS	331 MAIN MALL	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLEPALLI, SANKARA	
STREET ADDRESS	331 MAIN MALL, STE. 108	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MANDAVA, BABU RAO	
STREET ADDRESS	331 MAIN MALL, STE. 108	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHINTAPALLI, RAO V	
STREET ADDRESS	331 MAIN MALL, STE 108	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENKATESWARA, VOLETI	
STREET ADDRESS	331 MAIN MALL, STE. 108	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POTLURI, MOHAN D	
STREET ADDRESS	331 MAIN MALL, STE. 108	
CITY-ST-ZIP	POUGHKEEPSIE NY 12601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Babu RAO MANDAVA* *Babu RAO MANDAVA* *1/8/02*
SIGNATURE REQUIRED Date **845-473-1137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)