

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006419

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: CONSONA ERP, INC

**Current Principal Place of Business:**

450 E 96TH ST.  
STE 300  
INDIANAPOLIS, IN 46240

**New Principal Place of Business:**

**Current Mailing Address:**

450 E 96TH ST.  
STE 300  
INDIANAPOLIS, IN 46240

**New Mailing Address:**

FEI Number: 35-1665080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PK DR STE 4  
WESTON, FL 33331 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOGNONI, JEFF  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VP ( ) Delete  
Name: KINDER, KATHERINE  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: AS ( ) Delete  
Name: MELTON, DON  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR ( ) Delete  
Name: TABORS, DAVE  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR ( ) Delete  
Name: AGRAWAL, NEERAJ  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR ( ) Delete  
Name: ORLANDO, BRAVO  
Address: 450 E. 96TH ST., STE. 300  
City-St-Zip: INDIANAPOLIS, IN 46240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN WRIGHT

Electronic Signature of Signing Officer or Director

AS

04/01/2009

\_\_\_\_\_ Date