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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 05 DEC 22 PM 4:25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40852

1. Corporation Name
Data Conversion, Inc.

2. Principal Office Address
One Broadway

3. Mailing Office Address
One Broadway

4. Date Incorporated or Qualified To Do Business in Florida
10/5/92

5. FEI Number
042506346

6. CERTIFICATE OF STATUS DESIRED

City & State
Cambridge, MA

City & State
Cambridge, MA

Zip
02142

Country
USA

Zip
02142

Country
USA

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Connie Bryan, Special Asst. Secy Date 12/22/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Narendra K. Patni, Director	One Broadway	Cambridge, MA 02142
Treas	Narendra K. Patni	One Broadway	Cambridge, MA 02142
Secy	G. Sriram	One Broadway	Cambridge, MA 02142
Dircc	Narendra K. Patni	One Broadway	Cambridge, MA 02142
Dircc	John G. Ganick	One Broadway	Cambridge, MA 02142
Dircc	Mrinal Sattawala	One Broadway	Cambridge, MA 02142

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Narendra K. Patni, Narendra K. Patni, President 12/15/2005

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

FD-010 - 9/14/03 CT System Outline

REINSTATEMENT 04-03 B
12/22/05

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:
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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

DATA CONVERSION, INC.

Certificate of Status	0
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