



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903 1335  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68579		2. Name of Corporation Diversified Technology Consultants, Inc.			
3. Street Address Principal Business Office 556 Washington Avenue			City North Haven	State CT	Zip 06473
4. Business Phone No. 203-239-4200		5. State of Incorporation CONNECTICUT			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island ENGINEERING & SURVEYING CONSULTING SERVICE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sam Giavara			Vice President Name Sailesh Atluru		
Street Address 534B Narraganset Lane			Street Address 20 Lancelot Drive		
City Stratford	State CT	Zip 06614	City North Haven	State CT	Zip 06473
Secretary Name Leela Atluru			Treasurer Name Murali Atluru		
Street Address 93 Highland Park Road			Street Address 93 Highland Park Road		
City North Haven	State CT	Zip 06473	City North Haven	State CT	Zip 06473
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Murali Atluru			Director Name Sam Giavara		
Street Address 93 Highland Park Road			Street Address 534B Narraganset Lane		
City North Haven	State CT	Zip 06473	City Stratford	State CT	Zip 06614
Director Name Leela Atluru			Director Name		
Street Address 93 Highland Park Road			Street Address		
City North Haven	State CT	Zip 06473	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
5,000 COMM NO PAR VALUE			1000	Common Stock	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*68579\*

File Date	1-20-05
Check No.	2009
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

1/17/05  
Signature of Officer Date

Leela Atluru  
Print or Type Name of Officer

Secretary  
Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 68579		2. Name of Corporation Diversified Technology Consultants, Inc.			
3. Street Address Principal Business Office 556 Washington Avenue			City North Haven	State CT	Zip 06473
4. Business Phone No. 203-239-4200		5. State of Incorporation CONNECTICUT			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island ENGINEERING & SURVEYING CONSULTING SERVICE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sam Giavara			Vice President Name Sailesh Atluru		
Street Address 534B Narraganset Lane			Street Address 20 Lancelot Drive		
City Stratford	State CT	Zip 06614	City North Haven	State CT	Zip 06473
Secretary Name Leela Atluru			Treasurer Name Murali Atluru		
Street Address 93 Highland Park Road			Street Address 93 Highland Park Road		
City North Haven	State CT	Zip 06473	City North Haven	State CT	Zip 06473
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Murali Atluru			Director Name Sam Giavara		
Street Address 93 Highland Park Road			Street Address 534B Narraganset Lane		
City North Haven	State CT	Zip 06473	City Stratford	State CT	Zip 06614
Director Name Leela Atluru			Director Name		
Street Address 93 Highland Park Road			Street Address		
City North Haven	State CT	Zip 06473	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALUE			1000	Common Stock	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date 3-1-04  
Check No. 1803  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/25/04  
Signature of Officer DateSam Giavara  
Print or Type Name of OfficerPresident  
Title of Officer

Attachment

Diversified Technology Consultants, Inc.

I.D. #68579

Section 8: Vice President

A. Graham Curtis  
60 Devonshire Lane  
Madison CT 06443

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

68579

2. Name of Corporation

Diversified Technology Consultants, Inc.

3. Street Address Principal Business Office

556 Washington Avenue

City

North Haven

State

CT

Zip

06473

4. Business Phone No.

203-239-4200

5. State of Incorporation

CONNECTICUT

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Engineering Services

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Murali Atluru

Street Address

93 Highland Park Rd.

City

State

Zip

North Haven

CT

06473

Secretary Name

Leela Atluru

Street Address

93 Highland Park Road

City

State

Zip

North Haven

CT

06473

Vice President Name

Leela Atluru

Street Address

93 Highland Park Rd.

City

State

Zip

North Haven

CT

06473

Treasurer Name

Murali Atluru

Street Address

93 Highland Park Rd.

City

State

Zip

North Haven

CT

06473

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

5,000 COMM NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common Stock

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date: 2-21-03

Check No: 1529

By: 1UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Leela Atluru Date: 2/12/03

Print or Type Name of Officer: Leela Atluru

Title of Officer: Vice President

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579** 2. Name of Corporation **Diversified Technology Consultants, Inc.**  
3. Street Address Principal Business Office **556 Washington Avenue** City **North Haven** State **CT** Zip **06473**  
4. Business Phone No. **203-239-4200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Engineering Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Murali Atluru** Vice President Name **Leela Atluru**  
Street Address **93 Highland Park Road** Street Address **93 Highland Park Road**  
City **North Haven** State **CT** Zip **06473** City **North Haven** State **CT** Zip **06473**  
Secretary Name **Leela Atluru** Treasurer Name **Murali Atluru**  
Street Address **93 Highland Park Road** Street Address **93 Highland Park Road**  
City **North Haven** State **CT** Zip **06473** City **North Haven** State **CT** Zip **06473**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 Common Stock**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date: **1-24-02**  
Check No.: **1185**  
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Leela Atluru** 1/22/02  
Signature of Officer Date

**Leela Atluru**  
Print or Type Name of Officer

**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579** 2. Name of Corporation **Diversified Technology Consultants, Inc.**

3. Street Address Principal Business Office **556 Washington Avenue** City **North Haven** State **CT** Zip **06473**  
4. Business Phone No **203-239-4200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **00**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Engineering Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name				Vice President Name			
<b>Murali Atluru</b>				<b>Leela Atluru</b>			
Street Address				Street Address			
<b>93 Highland Park Road</b>				<b>93 Highland Park Road</b>			
City	State	Zip		City	State	Zip	
<b>North Haven</b>	<b>CT</b>	<b>06473</b>		<b>North Haven</b>	<b>CT</b>	<b>06473</b>	
Secretary Name				Treasurer Name			
<b>Leela Atluru</b>				<b>Murali Atluru</b>			
Street Address				Street Address			
<b>93 Highland Park Road</b>				<b>93 Highland Park Road</b>			
City	State	Zip		City	State	Zip	
<b>North Haven</b>	<b>CT</b>	<b>06473</b>		<b>North Haven</b>	<b>CT</b>	<b>06473</b>	

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name				Director Name			
Street Address				Street Address			
City				City			
State				State			
Zip				Zip			
Director Name				Director Name			
Street Address				Street Address			
City				City			
State				State			
Zip				Zip			

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

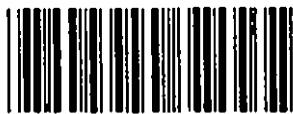
Number of Shares	Class/Series	Par Value
<b>5000</b>	<b>Common Stock</b>	

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>Common Stock</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date: 2/21

Check No.: 22965

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/19/01  
Signature of Officer Date

Leela Atluru  
Print or Type Name of Officer

Vice President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579** 2. Name of Corporation **Diversified Technologies Consultants, Inc.**  
3. Street Address Principal Business Office **556 Washington Avenue** City **North Haven** State **CT** Zip **06473**  
4. Business Phone No. **203-239-4200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Engineering Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Murali Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b> Secretary Name <b>Leela Atluru</b> Street Address <b>93 Highland Park Rd.</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>	Vice President Name <b>Leela Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b> Treasurer Name <b>Murali Atluru</b> Street Address <b>93 Highland Park Rd.</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>
--	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip
---	---

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>5000</b>	<b>Common Stock</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>Common Stock</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date 2/22/00  
Check No. 22409  
By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/18/00  
Signature of Officer Date  
**Leela Atluru**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579** 2. Name of Corporation **Diversified Technologies Consultants, Inc.**  
3. Street Address Principal Business Office **556 Washington Avenue** City **North Haven** State **CT** Zip **06473**  
4. Business Phone No. **(203) 239-4200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**Engineering Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Murali Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>	Vice President Name <b>Leela Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>
Secretary Name <b>Leela Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>	Treasurer Name <b>Murali Atluru</b> Street Address <b>93 Highland Park Road</b> City <b>North Haven</b> State <b>CT</b> Zip <b>06473</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>5000</b>	<b>Common Stock</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>Common Stock</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **5-3-99**

Check No: **22082**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Leela Atluru** **4/30/99**  
Signature of Officer Date

**Leela Atluru**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

68579

Diversified Technologies Corporation

3. Street Address Principal Business Office

City

State

Zip

556 Washington Ave.

North Haven

Ct.

06473

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(203) 239-4200

CONNECTICUT

7. Brief Description of the Character of Business Conducted in Rhode Island

Engineering Survey Consultants

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name

Vice President Name

Murali Atluru

Leela Atluru

Street Address

Street Address

93 Highland Park Road

93 Highland Park Road

City

City

North Haven

North Haven

State  
Ct.

State  
Ct.

Zip  
06473

Zip  
06473

Secretary Name

Treasurer Name

Leela Atluru

Murali Atluru

Street Address

Street Address

93 Highland Park Road

93 Highland Park Road

City

City

North Haven

North Haven

State  
Ct.

State  
Ct.

Zip  
06473

Zip  
06473

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

5000

Common Stock

1000

Common Stock

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 5 7 9 \*

File Date: 2-17-98

Check No.: 21500

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/13/98  
Signature of Officer Date

Leela Atluru  
Print or Type Name of Officer

Vice President  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579** 2. Name of Corporation **Diversified Technologies Corporation**

3. Street Address Principal Business Office **556 WASHINGTON AVENUE** City **NORTH HAVEN** State **CT** Zip **06473**  
4. Business Phone No. **(203) 239-4200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **8711**

7. Brief Description of the Character of Business Conducted in Rhode Island

**ENVIRONMENTAL SERVICES**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**MURALI ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

Secretary Name

**LEELA ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

Vice President Name

**LEELA ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

Treasurer Name

**MURALI ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

**MURALI ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

Director Name

Director Name

**LEELA ATLURU**

Street Address

**93 HIGHLAND PARK ROAD**

City **NORTH HAVEN** State **CT** Zip **06473**

Street Address

Street Address

City **NORTH HAVEN** State **CT** Zip **06473**

City **NORTH HAVEN** State **CT** Zip **06473**

## 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	1.00

ISSUED SHARES

Number of Shares	Class/Series	Par Value
5,000	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2-18-97**  
Check No.: **21040**  
By: **CP/SL**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Leela Atluru** Date **1/30/97**

**LEELA ATLURU**  
Print or Type Name of Officer

**VICE PRESIDENT**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

# 1996

Filing Period: January 1-March 1  
Filing Fee: \$50.00



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 068579		2. NAME OF CORPORATION Diversified Technologies Corporation	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 556 Washington Avenue		CITY North Haven	STATE CT
		ZIP CODE 06473	
4. BUSINESS PHONE NO. (203) 239-4200		5. STATE OF INCORPORATION Connecticut	
6. SIC CODE			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Engineering Services			

## 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Murali Atluru			VICE PRESIDENT NAME Leela Atluru		
STREET ADDRESS 93 Highland Park Road			STREET ADDRESS 93 Highland Park Road		
CITY North Haven	STATE CT	ZIP CODE 06473	CITY North Haven	STATE CT	ZIP CODE 06473
SECRETARY NAME Leela Atluru			TREASURER NAME Murali Atluru		
STREET ADDRESS 93 Highland Park Road			STREET ADDRESS 93 Highland Park Road		
CITY North Haven	STATE CT	ZIP CODE 06473	CITY North Haven	STATE CT	ZIP CODE 06473

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

## 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5000	Common Stock		1000	Common Stock	

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined  
this report, including any accompanying schedules and statements,  
and that all statements contained herein are true and correct.

File Date:

Check No:

By:

For Secretary of State Use Only

*Leela Atluru*  
Signature of Officer

Leela Atluru  
Print or Type Name of Officer

Vice President  
Title of Officer

Date

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0068579

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**Diversified Technologies Corporation**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Connecticut Business Entity is (check one):

For foreign entity, address and telephone number of principal office: ☐ Business Corporation (See RIGL Chapter 7-1.1)

Diversified Technologies Corporation ☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

556 Washington Avenue

North Haven, CT 06473

Phone: (203) 239-4200

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

235 Promenade St., Suite 102

Providence, RI 02903

Phone: (401) 751-7600

Brief statement of the character of business conducted in Rhode Island:  
Consulting Engineers and Surveyors

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Murali Atluru 93 Highland Park Rd. North Haven, CT 06473

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Leela Atluru 93 Highland Park Rd. North Haven, CT 06473

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Leela Atluru 93 Highland Park Rd. North Haven, CT 06473

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Murali Atluru 93 Highland Park Rd. North Haven, CT 06473

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

Murali Atluru 93 Highland Park Rd. North Haven, CT 06473

NAME STREET ADDRESS CITY/STATE ZIP CODE

Leela Atluru 93 Highland Park Rd. North Haven, CT 06473

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series Number of Shares Class / Series

5000 Common 1000 Common

2/22/ 19 95

Date By: Leela Atluru

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Vice President

Form 3\* 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM  
123 DYER STREET  
PROVIDENCE RI 02903

**FILED**

FEB 24 1995

By: [Signature]  
20106

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401 277-3040

File Annually  
LLC Sept 1 - Nov 1  
CORP Jan 1 - March 1

Corporate ID: 0068579 Annual Report for the year: 1994

Name of Business Entity: Diversified Technologies Corporation

Business entity organized under the laws of the State of Connecticut

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Diversified Technologies Corp.

556 Washington Ave.,

North Haven, Ct. 06473

Phone: (203) 239-4200

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

233 Promenade St., Suite 102

Providence, RI 02903

401-751-7600

Phone:

Business Entity is (check one)

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-8.1)

☐ Limited Liability Company (See RIGL 7-1.6)

Name, title and mailing address of contact person to whom communications may be directed:

Leela Atluru - Vice President

DTC

556 Washington Ave.

North Haven, Ct. 06473

Brief statement of the character of business conducted in Rhode Island:

Consulting Engineers and Surveyors

Date of Organization: 11/15/79

Date of Qualification to do business in Rhode Island (if foreign entity)

att: 1992 04/13/92

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)			
<u>Murali Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)			
<u>Leela Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>
<input type="checkbox"/> CHIEF OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)			
<u>Leela Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (SEE RIGL 7-1.1)			
<u>Murali Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Murali Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>
<u>Leela Atluru</u>	<u>93 Highland Park Rd.,</u>	<u>North Haven, Ct.</u>	<u>06473</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>5000</u>	NUMBER <u>1000</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>1.00</u>	PAR VALUE OR WITHOUT PAR <u>1.00</u>

Date 2/10/94 1994 By Leela Atluru

Leela Atluru  
PRINT OR TYPE NAME OF OFFICER SIGNING  
Vice President  
TITLE OF OFFICER SIGNING

Form 31 1/94  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

CT CORPORATION SYSTEM  
135 DYER STREET  
PROVIDENCE RI 02903

FILED  
MAR 2 1994  
By ME5912420

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

123647B  
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0066578 Annual Report for the year 1993

FIRST: The name of the corporation is Diversified Technologies Corporation

SECOND: It is incorporated under the laws of Connecticut

THIRD: Character of business, briefly stated, is Consulting Engineers and Surveyors

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 235 Promenade St., Suite 102, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Murali Atluru	Director	93 Highland Park Rd., North Haven, Ct. 06473
Leela Atluru	Director	" " "
	Director	
Murali Atluru	President	" " "
Leela Atluru	Vice President	" " "
Leela Atluru	Secretary	" " "
Murali Atluru	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000	C		\$ 1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	C		\$ 1.00

Dated December 15, 19 93

Diversified Technologies Corporation  
(Name of Corporation)

By Leela Atluru

(Report must be signed by an officer)

Title Vice President