

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

Matthew A. Brown, Secretary of State

Gaporations Du ision 100 North Main Street Providence, RI 02003-1,335 401-222-3040

ROTH CORTORATION ANNUAL REPORT FOR THE TEAR	ROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	2005
---	-------	--	------

Corporate ID No	2 Name of Corpo	ration			
68579	Diversified	Technology Consultants,	inc.		
Street Address Principal Bus	-		City	State	Z;p
556 Washingto	on Avenue	5 900 10	North Haven	CT	06473
203-239-4200		5 State of Incorporation			6 SIC Gode 0
Brief Description of the Chai					
	SURVEYING CONSUL				
NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR ATT		SPACES BEFORE USIN	NG ATTACHMENTS
			Vice President Name		
Sam Giavara rect Address			Sailesh Atluru Street Address	<u> </u>	
534B Narragai	nset Lane		20 Lancelot Dr	ivo	
0	State	Zip	Gty	State	Ζφ
Stratford	ст	06614	North Haven	CT.	064.73
retary Name			Treasurer Name		
<u>Leela Atluru</u>	 .		Murali Atluru		
	Dawle naaj		Street Address		
93 Highland I	Park Road State	Zif.	93 Highland Pa	rk Road State	Zψ
		<u> </u>			
NAMES AND ADDRE	SSES OF THE DIREC	06473 CTORS: ("X" BOX FOR A	: North Haven TTACHMENT) [] FILL I:	N SPACES BEFORE US	ING ATTACHMENTS
vector Name			Director Name		
Murali Atluru			Sam Giavara		
rectadities 93 Highland Park Road			Street Address	. •	
93 Highland i	State		534B Narragans	7	7.6
North Haven	CT	Διρ 06473	Stratford	State CT	<i>Χι</i> ρ 06617
rect-n Name		J	Director Name		l 06614
Leela Atluru			•		
rreet Address			Mreet Address		
93 Highland H				T	
n North Haven	State	Zip 067.72	$Cd\gamma$	State	Zψ
North Haven 0. SHARES AUTHORE	CT CED ("X" BOX FOR	06473 ATTACHMENT) □	11. SHARES ISSUED ("Y" ROY FOD ATTAC	
UHORIZED SHARES	(A DOATOR		TI. SHARES ISSUED (A BUA FUR ALIAU	EIMERT
urber of Spares	Gass Series	Par Valu e	Number of Shares	Class/Series	Par Value
E 000 00111110 515		-	1		
5,000 COMM NO PAR	VALUE		1000	Common Stoc	ak
	<u>.</u>				
					
This report mus	t be signed in ink by	either the President, Vice	President, Secretary, Assista	int Secretary, Treasurer	Receiver or Trustee
4.1		BIB (BII IBW)			
		E E			
11	#			rjury, I declare and affirm ipanying schedules and st	
			contained herein are		accinents, and that all Ste
ile Date	20.05	_	10.	11	1/17/05
	2009		Signature of Officer	y un	
heck No					
	2		<u>Leela Atlu</u> Print or Type Name o		
· —— —				y wyn er	
FOR SECRETARY	OF STATE USE ONLY		Secretary		
		1	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 ANNÚAL REPORT FOR THE YEAR _______ 2004_____

Corporate ID No							
68579	2. Name of Corpore		. Inc				
Street Address Principal Business Oj		echnology Consultants	City	State	Zip		
556 Washington Av			North Haven	СТ	06473		
Bustness Phone No.		5 State of Incorporation			6. SIC Code		
203-239-4200		CONNECTICU	T		0		
Inef Description of the Character of ENGINEERING & SURV				-			
				TO COC BEFORE HELD	C 4TT4 CHMENTS		
NAMES AND ADDRESSES (sident Name	OF THE OFFICE	:KS: ("X" BOX FOR AI	TACHMENT	SPACES BEFORE USIN	G ATTACHMENTS		
Sam Giavara							
et Address			Sailesh Atluru	<u> </u>	<u></u> ,		
534B Narraganset	I.ane		20 Lancelot Dr	itve			
·	State	Zip	City	State	Zip		
Stratford	СТ	06614	North Haven	CT	06473		
rviary: Name			Treasurer Name				
Leela Atluru			Murali Atluru				
et Address	_		Street Address				
93 Highland Park	7		93 Highland Pa	···-			
)'	State	Zip	City	State	Zip		
North Haven NAMES AND ADDRESSES	CT CT	06473	North Haven	TOT N SPACES BEFORE US	I 06473		
ector Name	OF THE DIKEC	IORS: (A BOAFOR.	Director Name	SPACES BEFORE US	MG ATTACHMENTS		
Murali Atluru			Sam Giavara				
et Address			Street Address				
93 Highland Park	Road		534B Narragans	et Lane			
·	State	Ζφ	City	State	Zip		
North Haven	СТ	06473	Stratford	СТ	06614		
ector Name			Director Name				
Leela Atluru					<u></u>		
rt Address			Street Address				
93 Highland Park	7	Tau.			7/4		
r	State	Zip	City	State	Zip		
North Haven	CT CT	06473	11 CHARRE ICCUED	 	HMENT) \square		
. SHARES AUTHORIZED (THORIZED SHARES	A BOAFOR	TIACHMENT)	11. SHARES ISSUED (A BOA FOR ATTACE	IMENI)		
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
		,	i				
5,000 COMM NO PAR VALU	E		1000	Common Sto	:k		
This report must be s	igned in ink by	either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer	Receiver or Trustee		
		11 1881					
		 					
		 	Under penalty of ne	rjury, I declare and affirm	that I have examined this		
* A	8 5 7 Q	······································		npanying schedules and st			
011			contained herein are				
le Date <u> </u>	4	_	Tan C	Alexa	2/25/04		
18/18		1	Signiture of Office		Date		
neck No			Sam Giava	ra			
7			Print or Type Name of				
- <u> </u>		-		. .			
	TTE LICE OVER V	ı	<u>President</u>				
FOR SECRETARY OF STA	HE USE UNLY		Title of Officer				

Attachment

Diversified Technology Consultants, Inc. I.D. #68579

Section 8: Vice President

A. Graham Curtis 60 Devonshire Lane Madison CT 06443

Edward S. Inman, III. Secretary of State 100 North Main Street, Providence, RI 02903-1335

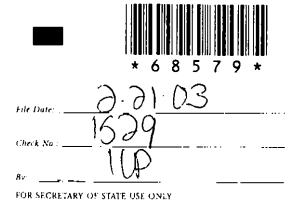
Corporations Distinon 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u> Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINT	TED IN BLACKS	•			
1. Corporate ID No.	2. Name of Corpor	ation			_
68579	Diversified	Technology Consultants, In	IC.		
3. Street Address Principal Business		•,	City	State	Zip
556 Washingtor 4. Business Phone No.	n Avenue	5. State of Incorporation	North Haven	CT	06473 6. SEC Code
203-239-4200 7. Brief Description of the Character	r of Rusiness Conducted	CONNECTICUT in Rhode Island			0
Engineering Se 8. NAMES AND ADDRES President Name		TICERS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACES BI	EFORE USING ATTA	CHMENTS
Murali Atluru Street Address			Leela Atluru Sueci Addiess		
93 Highland Pa	ark Rd. State	Zip	93 Highland Pa	ark Rd.	Zip
North Haven Secretary Name	CT	06473	North Haven Treasurer Name	CT	06473
Leela Atluru Succi Addiess			Murali Atluru Street Address		
93 Highland Pa	irk Road	Zip	93 Highland Pa	ark Rd.	Zip
North Haven 9. NAMES AND ADDRES Director Name	CT SES OF THE DIR	06473 ECTORS (*x* box for atta	North Haven CHMENT) FILL IN SPACES Director Name	CT BEFORE USING AT	06473 FACHMENTS
Street Address			Street Address		
Ст	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for at	TACHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	* BOX FOR ATTACHMEN	<i>(T)</i>
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VAL	_UE		1000	C	-1-

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

1000



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.

Common Stock

- 220 11		
Last all.	سسترد م	2/12/03

Signature of Officer

Leela Atluru	
Print or Type Name of Officer	

Vice President

Title of Officer e# \$ 5

Farm 639 12/02



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



	BLACK)				
1 Corporate ID No.	2. Name of Corpora	tion .			·
68579	Diversified 1	Technology Consultants,	. Inc.		
3. Street Address Principal Busin	ness Office		City	State	Zip
556 Washingto 4 Business Phone No.	on Avenue	5 State of Incorporation	North Haven	СТ	06473 6. SIC Code
203-239-4200 7. Brief Description of the Chare	acter of Business Conducted i	CONNECTICUT n Rhode Island			0
Engineering S 8. NAMES AND ADDR President Name	Services ESSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS
Murali Atluru Street Address			Leela Atluru Street Address		
93 Highland Par	k Road State	Zıp	93 Highland	Park Road	Zip
North Haven Secretary Name	CT	06473	North Haven Treasurer Name	CT	06473
Leela Atluru Street Address			Murali Atlur	и	
93 Highland Par	ck Road State	Z ₁ p	$_{City}$ 93 Highland Pi	ark Road	Zip
North Haven					
	CT ESSES OF THE DIRE	06473 CCTORS ("X" BOX FOR AT	North Haven TACHMENT) HILLIN SPACE: Director Name	CT S BEFORE USING ATI	06473 achments
9. NAMES AND ADDR		06473 CCTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE		06473 achments
9. NAMES AND ADDR Director Name		06473 CCTORS (*X* BOX FOR AT Zip	TACHMENT) FILL IN SPACE: Director Name		06473 ACHMENTS Zip
9. NAMES AND ADDR Director Nume	ESSES OF THE DIRF	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE. Director Name Street Address	S BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDR Director Name Street Address Tity	ESSES OF THE DIRF	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE: Director Name Street Address City	S BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDR Ostector Name Street Address City Ostector Name	ESSES OF THE DIRF	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE. Director Name Street Address City Director Name	S BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDR Ottector Name Street Address Ottector Name Street Address	ESSES OF THE DIRE	CTORS (*X* BOX FOR AT Zip	TACHMENT) FILL IN SPACE: Director Name Street Address City Director Name Street Address	S BEFORE USING ATT. State . State	Zip Zip
9. NAMES AND ADDR Director Name Street Address Director Name Street Address Advess Advess Advess Advess Advess	ESSES OF THE DIRE	CTORS (*X* BOX FOR AT Zip	TACHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*)	S BEFORE USING ATT. State . State	Zip Zip
9. NAMES AND ADDR Ottector Name Street Address Ottector Name Street Address Adv Ottector Name Adv Ottector Name Adv Ottector Name Ottector Name Ottector Name	State State Closs/Series	CTORS (*X* BOX FOR AT Zip Zip	TACHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*) ISSUED SHARES	State State State State	Zip Zip

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



File Date:	1-24-02
Check No.:	1185
Ву:	<u></u>
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.

1/22/02

Signature of Officer

Date

Signature of Officer Date

Leela At luru

Print or Type Name of Officer

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68579**

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

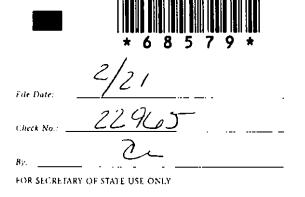
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

2 Name of Copporation Diversified Technology Consultants, Inc.

 TETTOM.	junuary	1-141111111	•	ruing	ree.	3 30.00

3. Street Address Principal Busi	iness Office		City	State	Zip
556 Washi	ington Avenue		North Haven	CT	06473
4 Business Phone No 203-239-4	4200	S. State of Incorporation CONNECTICUT			6. SIC Cefe
7. Brief Description of the Chai	acter of Business Conducted in	r Rhode Island			
Engineeri	ing Services				
8. NAMES AND ADDI President Name	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
Murali Atluru Street Address			Leela Atluru		
93 Highland Pa	ark Road		93 Highland Park	. Road	
City	State	Ζιρ	City	State	Zip
North Haven	CT	06473	North Haven	CT	06473
Secretary Name			Treasurer Name		
Leela Atluru Street Address			Murali Atluru Street Address		
93 Highland Pa	ark Road State	.∕.ip	93 Highland Park	. Road State	Zip
North Haven	CT	06473	North Haven	СТ	06473
9. NAMES AND ADDI Director Name	RESSES OF THE DIRE	ECTORS ("X" BOX FOR ATTA		S BEFORE USING ATT	·
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	/ip
10. SHARES AUTHOR.	IZED ("x" box for att)	ACHMENT)	11. SHARES ISSUED (CX	KT BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	Common Stock		1000	Common Stoc	k

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.

<u>Leela Atluru</u> Print or Type Name of Officer

Vice President Title of Officer



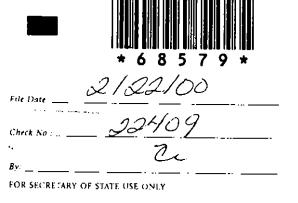
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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. 2. Name of Corporation 68579 Diversified Technologies Consultants, Inc. 3 Street Address Principal Business Office State 210 556 Washington Avenue North Haven CT06473 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 Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Murali Atluru Leela Atluru Street Address Street Address 93 Highland Park Road 93 Highland Park Road State North Haven CT 06473 North Haven CT06473 Secretary Name Treasurer Name Leela Atluru Murali Atluru Street Address Street Address 93 Highland Park Rd. 93 Highland Park Rd. North Haven CT 06473 North Haven CT 06473 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 State City State Zlo Director Name Director Name Street Address Street Address City State 2.10 City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTI KORUZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 5000 Common Strock 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 Signature of Officer Leela Atluru

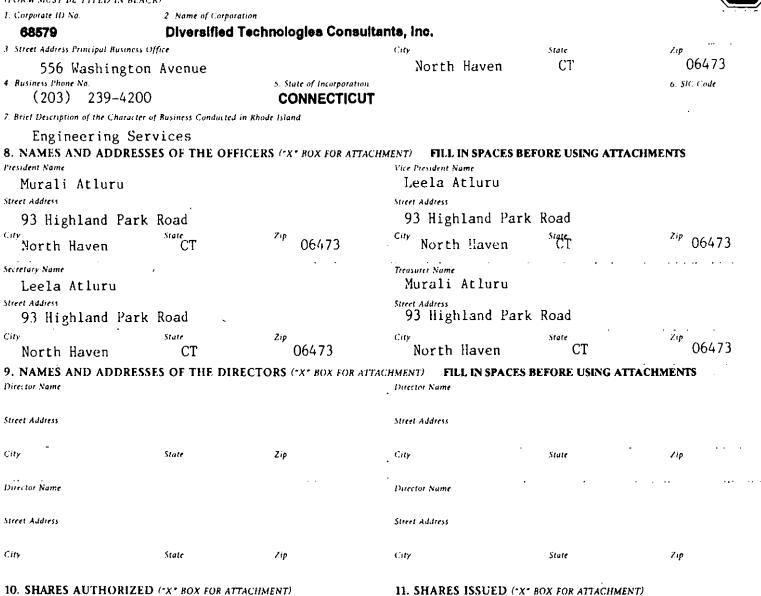
Print or Type Name of Officer Vice President Title of Officer

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) 2 Name of Corporation



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

	* 6 8 5 . 7 9 *
File Date:	3-99
Check No :	2 <u>2 082</u>
By: FOR SECRETARY OF ST	AM

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 Front or Type Name of Officer

Vice President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

STOP PLANERLAD INSTRUCTIONS

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

1. Corporate ID No.	2. Name of Corpor	ation			_		
68579	Diversified	Technologies Cor	poration				
3. Street Address Principal Business	s Office		City	State	Zip		
556 Washington 4 Business Phone No.	Ave.	5. State of Incorpora	North Haven	Ct.	06473 6. SIC Code		
(203) 239–4200 7 Brief Description of the Characte	et of Business Conducted	CONNECTI			o. Sig Caue		
Engineering Surv							
8. NAMES AND ADDRES		ICERS ("X" BOX FOR A	TTACHMENT)				
President Name			Vice President Name				
Murali Atluru Street Address			Leela Atluru Street Address				
93 Highland Park I	Koad		93 Highland Park 1	Road			
North Haven	State Ct .	^{Zip} 06473	City North Haven	State Ct.	^{zip} 06473		
Secretary Name			Treasurer Name	•			
Lœla Atluru			Murali Atluru				
Street Address			Street Address				
93 Highland Park 1	Road		93 Highland Park Road				
City	State	Zip	City	State	Zip		
North HAven	Ct.	06473	North Haven	Ct.	06473		
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)				
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
Сиу	State	Zip	City	State	Zıp		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	T)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
5000	Common Stock		1000	Common Stoc	k		

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 *
• Nie Date:	7.17.98
Check No.:	31500 CM
Ву:	_IP \
FOR SECRETA	RY 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.

Po Alina

Signature of Officer Date

Leela Atluri
Print or Type Name of Officer

Vice President .



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

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

4. Rusiness Phone No.

2. Name of Corporation

Diversified Technologies Corporation

3. Street Address Principal Business Office

556 WASHINGTON AVENUE

5. State of Incorporation

NORTH HAVEN

State CT

Zip 06473

6. SIC Code

(203) 239-4200

CONNECTICUT

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

City

Vice President Name

MURALI ATLURU

Street Address

93 HIGHLAND PARK ROAD

Zip

City

City

Street Address

Street Address

Director Name

Director Name

Street Address

93 HIGHLAND PARK ROAD

Zip

NORTH HAVEN

Secretary Name

CT

06473

NORTH HAVEN.

MURALI ATLURU

LEELA ATLURU

CT

06473

LEELA ATLURU

Street Address

93 HIGHLAND PARK ROAD

City

Zip

93 HIGHLAND PARK ROAD

State

CT

Zip

06473

NORTH HAVEN CT 06473 NORTH HAVEN 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name MURALI ATLURU

Street Address

City

City

93 HIGHLAND PARK ROAD

LEELA ATLURU Street Address

93 HIGHLAND PARK ROAD

Zip

Director Name ...

NORTH HAVEN

CT

06473

NORTH HAVEN

CT

06473

Street Address

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZET) SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

COMMON

1.00

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:

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 Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

PROFIT CORPORATON **ANNUAL REPORT**

1996



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

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

	, , , , , , , , , , , , , , , , , ,	PLEASE TY	PE OR PRINT IN BLACK INK.		
I. CORPORATE ID NO.	2. NAME OF CORPORATION	H			
068579	Diversif	ied Technolo	gies_Corporation		
STREET ADDRESS PRINCIPAL BUSINES	SS OFFICE		CULA	STATE	ZIP CODE
556 Washington	ı Avenue		North Haven	СТ	06473
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6 SIC CODE
(203) 239_420	10	; 	_		
(203) 239-42(ER OF BUSINESS CONDUCTED I	Connection	cut		
Engineering Se	ruicoc				
	I NAME	S AND ADDR	ESSES OF THE	A E E I C E D C	
RESIDENT NAME			VICE PRESIDENT NAME	OFFICERS	
Murali Atluru			Leela Atlur	t)	
TREET ADDRESS			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
93 Highland Pa			93 Highland	Park Road	
North Haven	STATE	ZIP CODE	CITY	STATE	ZIP CODE
ECRETARY NAME	CT	1 06473	North Haven	CT	06473
Leela Atluru			TREASURER NAME		
TREET ADDRESS			Murali Atlur ISTREET ADDRESS	<u>u</u>	·
93 Highland Pa	rk Road		1	D . D .	
ITY	STATE	ZIP COOE	93 Highland	Park_Koad State	ZIP CODE
North Haven	СТ	06473	1		0.6.4.7.3
	9. NAMES		ESSES OF THE	DIRECTORS	
IRECTOR NAME			DIRECTOR NAME		
TREET ADORESS		·			
THEET MODIFIES			STREET ADORESS		
ny .	STATE	1 ZIP CODE	em.	Torver 1991	
	June	!	CITY	STATE	ZIP COOE
RECTOR NAME			DIRECTOR NAME		
TREET ADDRESS		· - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	STREET ADDRESS		
ity	STATE	ZIP CODE	CITY	STATE	ZIP CODE
					
	-	SHARES AUT	HORIZED AND I	SSUED	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MINANCE OF CHARGE	ISSUED SHARES	
	echas rachiga	FAR TALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5000 Coπ	mon Stock		1000	Common Stock	
			ì		1

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

_	_		
			ı
			ı
			ı
			ı
			ı

	Under penalty of perjury, I declare and aff
1 1	this report, including any accompanying so
1/4/6/	and that all statements contained herein a
File Date: 4/0/7 6	[] O U
m1.78	Signature of Officer
Check No: / U U /	
ma Ita	<u>Leela Atluru</u>
By:	Print or Type Name of Officer
For Secretary of State Use Only	Vice President

firm that I have examined chedules and statements, ire true and correct. Title of Officer Date

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

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 CO	MPLETED IN FULL OR	THE FORM WILL	BE RETURNED.	
0068579 Corporate ID:		Appual Papart	or the year:	
•	iversified Techno	Annual Report i	or the year:	
Name of Corporation:	the second secon			
Business entity organized under the laws		Business Ent	ity is (check one):	
For foreign entity, address and telephone	number of principal office:	[] Busines	ss Corporation (See RIGL Chapter 7-1.)	1)
Diversified Technologi	es Corporation	[Xl Profess	ional Service Corporation (See RIGL C	hapter 7-5.1)
556 Washington Avenue				
North_Haven,CT0647;	3	Brief stateme	ent of the character of business conducte	d in Rhode Island:
Phone: (203_)239_4200Address and telephone of the principal o	Man of husiness and a 1 miles	CONSUL	ing Engineers and Surve	yors
Island (Provide street address - Not P.O.	Royl:			
235_Promenade_St. Suit				
_Providence, RI_02903				
Phone: (461)7517600				
PRESIDENT	THE NAMES	OF THE OFFICERS	ARE:	
Murali Atluru		REET ADDRESS	CUY/STATE	ZIP CODE
VICE PRESIDENT	<u>93</u> Highlan	G Park RG. REET ADDRESS	North Haven, CT	06473
Leela Atluru	93 Highland		OTY/STATE	ZIP CODE
SECRETARY		REET ADDRESS	North Haven, CT	06473
Leela Atluru	93 Highland		North Haven,CT	ZIP CODE 06473
TREASURER	sm	REET ADDRESS	CITYSTATE	ZIP CODE
_ <u>Murali</u> Atluru	93 Highlan	d Park Rd.	North Haven, CT	06473
NAME	THE NAMES O	F THE DIRECTORS	•	
Murali Atluru	STR	UFFT ADDRESS	CITY/STATE	ZIP CODE
NAME.	93 Highland		North Haven, CT	06473
Leela Atluru	93 Highland	EET ADDRESS	CITY/STATE	ZIP CODE
NAME		EET ADDRESS	North Haven, CT	06473
		EET AUDRESS	CHY/STATE.	ZIP CODE
NUMBER OF SHARES AUTHORIZED (R	dider may be attached)	NUMBER OF SH.	ARES ISSUED AND OUTSTANDING (Ric	der may be attached)
Number of Shares Class /	Series	Number of Share	S Class / Series	
5000 Com	mon	1000	Common	
Date2/22/	By		Henry	
orm 3* 1.95	PR 17	<u> vice Presiden</u>	ining	··
		E OF OFFICER SIGNING		·
PLEASE NOTE: If the registered office	ESIGNATED REGISTEREL	AGENT FOR SERV	ICE OF PROCESS:	

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

FEB 2 A 1995

1/2000

Filing Fee \$50.00 Payable to • Secretary of State

Corporate ID:

0068579

PLEASE TYPE or PRINT

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

1994

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

___ Annual Report for the year: ___

Name of Business Entity:	Diversified Technologies Corporation
Business entity organized under the laws of the State of Conn	ecticut. Business Entity is (check one)
Federal Taxpayer Identification Number	[] Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office	Professional Service Corporation (See RIGL Chapter 7-8-1) Limited Liability Company (See RIGL 7-16)
Diversified Technologies Corp.	Name, title and mailing address of contact person to whom
556 Washington Ave.,	communications may be directed.
North Haven, Ct. 06473	Leela Atluru - Vice President
Phone: (203) 239-4200	<u>DTC</u>
•	North Haven, Ct. 06473
Address and telephone of the principal office of business entity in R Island (Provide street address - Not P.O. Box)	nock
235 Promenade St. Suite 102	Brief statement of the character of business conducted in Rhode Island: Consulting Engineers and Surveyors
401-751-7600	Date of Organization: 11/15/79
Phone: 1	Date of Qualification to do business in Rhode Island (if foreign entity) 4/15/92 04/13/92
	MES OF THE OFFICERS ARE:
○ CHIEFE MEDITINE OWN ERROR を PRESIDENT (Onc. One)	STREET ADDRESS CITATATE (CITATATE CO
Murali Atluru 93 ☐ CHIEFORE ACTIVE OF EXCEPT OF A CONTROL OF EXCEPT OF EXCE	Highland Park Rd. North Haven, Ct. 06473
Leela Atluru 93 ⊇ cistopias pi records on C⊊steretas presencies	Highland Park Rd., North Haven, Ct. 06473
Leela Atluru 93	Highland Park Rd., North Haven; Ct. 06473
	Highland Park Rd North Haven, Ct. 06473
	MES OF THE DIRECTORS ARE: SINCES ADDRESS CONSTAIL 21FOR
	Highland Park Rd., North Haven, Ct. 06473
	Highland Park, Rd., North Haven, Ct. 06473
	<u> </u>
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 5000	NUMBER 1000
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR 1.00	PAR VALUE OR 1 00
WITHOUT PAR	WITHOUT PAR
2/10/	P Q Marie
Date	By Leele attitue.
	HONG ON THE NAME OF GOTHER SECSION
	Vice President
	THE STATE OF THE S
Form 31 1/94	

CT CORPORATION SYSTEM 125 DYER STREET PROVIDENCE RI 02903 FILED

MAR 2 1500

By/ME59 12420

filing Fee \$50.00		. 1236		be filed annually between anuary 1st and March 1st
State of	CORPORAT:	and Frovidence Figure 15 and Frovidence Figure 15 and 15 a	llantations	3
Corporate ID 006857	역	Annual Report	for the year	* <u>- 2 </u>
First: The name of the o	corporation is	Diversified	latinolog:	ies…Componation
SECOND: It is incorporate	ed under the laws of	Connecticut		
THIRD: Character of busi	ness, briefly stated, is	Consulting Engine	ersandSw	rveyors
FOURTH: If foreign corpo	oration, address of its pr	incipal office		
FIFTH: Business address i	n Rhode Island235P.	romenade St. Suite	.102, Provid	dence. RI 02903
Sixth: Names and addre	sses of its directors and		cluding number, stre	(Attach rider if necessary)
Murali Atluru	Director	93 Highland Park	Rd., North	n Haven, Ct. 06473
Leela Atluru	Director	tt	11	11
	Director		····	
. Murali Atluru	President	11	††	
Leela Atluru	Vice Preside	nt	11	11
Leela Atluru	Secretary	11		H
Murali Atluru	Treasurer	t1	17	n
SEVENTH: Number of Sha	ares authorized:			Par Value or statement that shares are without
No. of Shares 5000	Class C	Series		par value
,000	C		J	\$ 1.00
EIGHTH: Number of Shares issued:		DEC 2 0 1993 Par Value		Par Value
No. of Shares	Class	った。 Series	OF STAT	or statement that shares are without par value
1000	C	Series		\$ 1.00
Dated December 15,		Diversified Te	echnologies allu	***************************************
(Report must be signed by		itle Vice President		