

FORM 20B

[Refer section 159 of the Companies Act, 1956]

Form for filing annual return by a company having a share capital with the Registrar

Note - All fields marked in * are to be mandatorily filled.

Authorised capital of the company as on the date of filling (in Rs.) 5000000.00

1(a) * Corporate identity number (CIN) of company U45102AP2006PTC051182 Pre-Fill

(b) Global location number (GLN) of company

2(a) Name of the company NETTLINX REALTY PRIVATE LIMITED

(b) * Address of the registered office of the company Line I 5-9-22, 3RD FLOOR, MY HOME SAROVAR PLAZA

Line II SECRETARIAT ROAD, SAIFA BAB

* City HYDERABAD

* State Andhra Pradesh-AP

Country INDIA

* Pin code 500063

(c) Telephone number with STD code (d) Fax

(e) * e-mail ID of the company secretarial@agrlaws.com

(f) Website

3. * Whether shares listed on recognised stock exchange Yes No

If yes, stock exchange code: A B

4. * Financial year end date to which the annual general meeting (AGM) relates 31/03/2012 (DD/MM/YYYY)

5. * Whether annual general meeting (AGM) held Yes No

(a) If yes, date of AGM 24/09/2012 (DD/MM/YYYY)

(b) * Due date of AGM 30/09/2012 (DD/MM/YYYY)

(c) * Whether any extension for financial year or AGM granted Yes No

(d) If yes, due date of AGM after grant of extension (DD/MM/YYYY)

I. Capital Structure of the company as on the date of AGM or latest due date thereof

6. * Authorised capital of the company (in Rs.) 5,000,000.00

Break up of Authorised capital

* Number of equity shares 500,000 Total amount of equity shares (in Rs.) 5,000,000.00

Nominal amount per equity share 10

* Number of preference shares 0 Total amount of preference shares (in Rs.)

Nominal amount per preference share

Number of unclassified shares 0 Total amount of unclassified shares (in Rs.)

7. * Issued capital of the company (in Rs.)

Break up of Issued capital

* Number of equity shares Total amount of equity shares (in Rs.)

Nominal amount per equity share

* Number of preference shares Total amount of preference shares (in Rs.)

Nominal amount per preference share

8. * Subscribed capital of the company (in Rs.)

Break up of Subscribed capital

* Number of equity shares Total amount of equity shares (in Rs.)

Nominal amount per equity share

* Number of preference shares Total amount of preference shares (in Rs.)

Nominal amount per preference share

9. * Paid up capital of the company (in Rs.)

Break up of Paid up capital

* Number of equity shares Total amount of equity shares (in Rs.)

Nominal amount per equity share

* Number of preference shares Total amount of preference shares (in Rs.)

Nominal amount per preference share

10. * Total debentures of the company (in Rs.)

Break up of Debenture

* Number of non convertible debentures Total amount of non convertible debentures (in Rs.)

Nominal amount per non convertible debenture

* Number of partly convertible debentures Total amount of partly convertible debentures (in Rs.)

Nominal amount per partly convertible debenture

* Number of fully convertible debentures Total amount of fully convertible debentures (in Rs.)

Nominal amount per fully convertible debenture

**II. Indebtness of the company as on the date of AGM or latest due date thereof
(secured loans including interest outstanding and accrued but not due for payment)**

11.* Amount (in Rs.)

III. Equity share breakup (percentage of total equity) as on the date of AGM or latest due date thereof

S.No.	Category	Percentage
1.	Government [Central and State]	0.00
2.	Government companies	0.00
3.	Public financial companies	0.00
4.	Nationalised or other banks	0.00
5.	Mutual funds	0.00
6.	Venture capital	0.00
7.	Foreign holdings (Foreign institutional investor(s), Foreign companie(s) Foreign financial institution(s), Non-resident indian(s) or Overseas corporate bodies or Others)	0.00
8.	Bodies corporate (not mentioned above)	100.00
9.	Directors or relatives of directors	0.00
10.	Other top fifty (50) shareholders (other than listed above)	0.00
11.	Others	0.00
12.	Total	100.00

* Total number of shareholders

IV. Details of directors(s), Managing Director, manager and secretary as on the date of AGM

12.* Number of director(s), Managing Director, manager and secretary

Following details are to be entered only in case date of AGM is on or after 1st July'2007

Provide Director identification number (DIN) in case of director, Managing Director and Income-tax permanent account number (Income-tax PAN) in case of manager, secretary

I

DIN or Income-tax PAN

Name

Designation Date of appointment

Number of equity share(s) held per cent

Whether he/she has signed the annual return Yes No

If yes, date of signing (DD/MM/YYYY)

II

DIN or Income-tax PAN

Name

Designation Date of appointment

Number of equity share(s) held per cent

Whether he/she has signed the annual return Yes No

If yes, date of signing (DD/MM/YYYY)

V. Details of director(s), Managing Director, manager and secretary who ceased to be associated with the company since the date of last AGM

13. * Number of director(s), Managing Director, manager and secretary

Following details are to be entered only in case date of AGM is on or after 1st July'2007

Provide DIN in case of director, Managing Director and income-tax PAN in case of manager, secretary

I

DIN or Income-tax PAN	<input type="text"/>	<input type="button" value="Pre-Fill"/>
Name	<input type="text"/>	
Designation	<input type="text"/>	
Date of appointment	<input type="text"/>	Date of cessation <input type="text"/>

II

DIN or Income-tax PAN	<input type="text"/>	<input type="button" value="Pre-Fill"/>
Name	<input type="text"/>	
Designation	<input type="text"/>	
Date of appointment	<input type="text"/>	Date of cessation <input type="text"/>

III

DIN or Income-tax PAN	<input type="text"/>	<input type="button" value="Pre-Fill"/>
Name	<input type="text"/>	
Designation	<input type="text"/>	
Date of appointment	<input type="text"/>	Date of cessation <input type="text"/>

IV

DIN or Income-tax PAN	<input type="text"/>	<input type="button" value="Pre-Fill"/>
Name	<input type="text"/>	
Designation	<input type="text"/>	
Date of appointment	<input type="text"/>	Date of cessation <input type="text"/>

14. In case of a listed company, details of secretary in whole time practice certifying the annual return

Name

Whether associate or fellow Associate Fellow

Certificate of practice number

15. * Whether complete list of share holders, debenture holders has been enclosed as attachment Yes No
In case No, then submit the details of all the share holders, debenture holders in a CD seperately with the office of Registrar of Companies.

Attachments

1. * Annual return as per schedule V of the Companies Act, 1956
2. Approval letter for extension of financial year or annual general meeting
3. Optional attachment(s) - if any

Attach

Attach

Attach

List of attachments

Nettlinx Realty _ SCHV_2011 -12.pdf

Remove attachment

Verification

I confirm that all the particulars mentioned above are true as per the attached annual return which is duly prepared as required under section 159 and Schedule V and which is duly signed as required under section 161 of the Act. To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number * dated * (DD/MM/YYYY) to sign and submit this form.

To be digitally signed by

Managing Director or director or manager or secretary of the company



* Designation

* DIN of the director or Managing Director; or
Income-tax PAN of the manager; or
Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)



* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company