

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001371

**Entity Name:** ALTRAN SOFTWARE US INC.

**FILED**  
**May 20, 2020**  
**Secretary of State**  
**1215102381CC**

**Current Principal Place of Business:**

3979 FREEDOM CIRCLE  
SUITE 950  
SANTA CLARA, CA 95054

**Current Mailing Address:**

3979 FREEDOM CIRCLE  
SUITE 950  
SANTA CLARA, CA 95054 US

**FEI Number:** 13-3647676

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name BROWN, LYDIA  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title VP  
Name MAINALI, BIPUL  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title ASSISTANT VICE PRESIDENT  
Name SALVAGIO, TOM  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title TREASURER  
Name BROWN, LYDIA  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title SECRETARY  
Name SHELMIRE, CAMIE  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title PRESIDENT  
Name SHASHANK, AMIT  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title POWER OF ATTORNEY  
Name SENGUPTA, SUBHASHISH  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title POWER OF ATTORNEY  
Name GROVER, JITENDRA  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

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*I hereby 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 all other like empowered.*

**SIGNATURE:** BIPUL MAINALI

**VICE PRESIDENT**

**05/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title POWER OF ATTORNEY  
Name STERN, MICHAEL  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title POWER OF ATTORNEY  
Name CHINTALURI, RAMARAO  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title POWER OF ATTORNEY  
Name GAGGAR, SUBHASH  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054

Title POWER OF ATTORNEY  
Name CHANDRASHEKHAR, S.  
Address 3979 FREEDOM CIRCLE  
SUITE 950  
City-State-Zip: SANTA CLARA CA 95054