

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001371

Entity Name: ALTRAN SOFTWARE US INC.

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 POWER OF ATTORNEY
Name CHANDRASHEKHAR, S.
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 STERN, MICHAEL
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

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

Continues on page 2

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

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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