

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** F99000005869  
 1. Entity Name  
 IBM GLOBAL SERVICES INDIA *Private Limited, Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 29000 HWY. 98  
 Suite, Apt. #, etc.  
 SUMMIT BLDG. A, #204  
 City & State  
 DAPHNE, AL

3. Mailing Address  
 29000 HWY. 98  
 Suite, Apt. #, etc.  
 SUMMIT BLDG. A, #204  
 City & State  
 DAPHNE, AL

Zip Country Zip Country  
 36526 USA 36526 USA

**DO NOT WRITE IN THIS SPACE**

**FILED**  
 03 MAY -8 AM 11:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-2061430  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
 Name  
 CT CORPORATION SYSTEM  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 SOUTH PINE ISLAND ROAD  
 City  
 PLANTATION FL Zip Code  
 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ABRAHAM THOMAS CUNNINGHAM ROAD BANGALORE, INDIA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900020054619 05/29/03--01003--018 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/TREASURER K. S. RAGHUNANDAN SHAN KARANAGAR BANGALORE, INDIA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER P. K. BHAT 29000 HWY. 98, #204 DAPHNE, AL 36526	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: P.K. Bhat (KRISHNA BHAT) 04-28-03 2516211139  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)