## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F99000005869

Entity Name

IBM GLOBAL SERVICES INDIA PRIVATE LIMITED, INC.



Principal Place of Business

Mailing Address

29000 HIGHWAY 98, SUMMIT BLDG. A, STE 204 DAPHNE, AL 36526 US

29000 HIGHWAY 98, SUMMIT BLDG. A, STE 204 DAPHNE, AL 36526 US

## FILED May 05, 2004 08:00 AM Secretary of State



04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-2061430

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

| 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 privated name of registered agent and site of applicable (NOTE Registered Agent signature required when reinstating)  DATE  |  |   |       |                                |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |  | <ol> <li>Election Campaign Financ<br/>Trust Fund Contribution.</li> </ol> | ing 🔲 | \$5.00 May Be<br>Added to Fees | <br>  U00000156970<br>  05/05/04-80093=011 150.00 |
| 10. OFFICERS AND DIRECTORS  |  |   |       |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>THOMAS, ABRAHAM<br>CUNNINGHAM ROAD<br>BANGALORE, INDIA,   |   |       |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ST<br>RAGHUNANDAN, K.S.<br>SHAN KARANAGAR<br>BANGALORE, INDIA, |   |       |                                |   |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP  | M<br>BHAT, P.K.<br>29000 HWY. 98, #204<br>DAPHNE, AL 36526     |   |       | DO                             | NOT WRITE   |
| TITLE NAME STREET ADDRESS CXTY-ST-ZIP   |  |   |       | IN '                           | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |       |                                |   |
| TRILE NAME STREET ADDRESS CRY-ST-ZIP  |  |   |       |                                |   |
| 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information                               |  |   |       |                                |   |

12. The edy carry that the information supplied with this limit globs not quality for the exemption stated in Section 113-07(3)(t), rotate statutes. Introduction 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

P.K. y Gust

04-28-04

251-621-1139

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

€a1€

Daytime Phone #