

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004436

FILED
Jul 15, 2010
Secretary of State

Entity Name: AXA BUSINESS SERVICES PRIVATE LIMITED CORP.

Current Principal Place of Business:

16/2, RESIDENCY ROAD
BANGALORE, KA 560025 IN

New Principal Place of Business:

Current Mailing Address:

4800 GREAT AMERICA PARKWAY
SUITE 310
SANTA CLARA, CA 95054 US

New Mailing Address:

FEI Number: 98-0546094 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SECR
Name: RAGHAVENDRAN, UMA
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE,, KA 560 025 IN

Title: PRES
Name: BUCH, CHIRAG S
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR
Name: HYNAM, DAVID P
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE,, KA 560025 IN

Title: TREA
Name: JAIN, ANOOP
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR
Name: VERONIQUE, WEILL
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR
Name: THROPE, WENDY
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560 025 IN

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: PM FOR UMA RAGHAVENDRAN

SECR

07/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date