SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90008 025 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005394

1. Corporation Name
TATA SONS LIMITED, CO.

Principal Place of Business	Mailing Address
101 PARK AVE NEW YORK NY 10178	101 PARK AVE NEW YORK NY 10178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 10/03/1995

4. FEI Number: 98-0031698 ☐ Applied For ☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRITHIVASAN, K.
TATA CONSULTANCY SERVICES
1903 S CONGRESS AVE #380
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

(81) Name
(82) Street Address (P.O. Box Number is Not Acceptable)
(83)
(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	DIRECTOR.	☐ Change ☐ Addition
NAME	TATA, R.N.		1.2 NAME	KOHLI, F.C.	
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		1.3 STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST.	
CITY-ST-ZIP	BOMBAY 400 001, INDIA		1.4 CITY-ST-ZIP	BOMBAY, 400 001 INDIA.	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PALKHIVALA, N.A.		2.2 NAME	KAVARANA, F.K.	
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		2.3 STREET ADDRESS	BOMBAY-HOUSE, 24 HOMI MODY ST.	
CITY-ST-ZIP	BOMBAY 400 001, INDIA		2.4 CITY-ST-ZIP	BOMBAY 400 001 INDIA.	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SETH, D.S.		3.2 NAME		
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOMBAY 400 001, INDIA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BHABHA, J.J.		4.2 NAME		
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOMBAY 400 001, INDIA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEHTA, F.A.		5.2 NAME		
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOMBAY 400 001, INDIA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MISTRY, P.S.		6.2 NAME		
STREET ADDRESS	BOMBAY HOUSE, 24 HOMI MODY ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOMBAY 400 001, INDIA		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/2/99