FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005869

1. Entity Name

IBM GLOBAL SERVICES INDIA Private Limited, Inc

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
29000 HWY. 98	29000 HWY. 98
Suite, Apt. #, etc.: SUMMIT BLDG. A, #204	Suite, Apt. #, etc.: SUMMIT BLDG. A, #204
City & State: DAPHNE, AL	City & State: DAPHNE, AL
Zip: 36526 Country: USA	Zip: 36526 Country: USA

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

DO NOT WRITE IN THIS SPACE

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	PRESIDENT	TITLE	900020054619
NAME	ABRAHAM THOMAS	NAME	05/29/03--01003--018 **150.00
STREET ADDRESS	CUNNINGHAM ROAD	STREET ADDRESS	
CITY - ST - ZIP	BANGALORE, INDIA	CITY - ST - ZIP	
TITLE	SECRETARY/TREASURER	TITLE	
NAME	K. S. RAGHUNANDAN	NAME	
STREET ADDRESS	SHAN KARANAGAR	STREET ADDRESS	
CITY - ST - ZIP	BANGALORE, INDIA	CITY - ST - ZIP	
TITLE	MANAGER	TITLE	
NAME	P. K. BHAT	NAME	
STREET ADDRESS	29000 HWY 98, #204	STREET ADDRESS	
CITY - ST - ZIP	DAPHNE, AL 36526	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	TS	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

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 #

STF FL32381F.1