2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34476 1. Entity Name SYNTEL SYSTEMS, INC.						Secretary of State 07-31-2001 90012 016 ***558.75			
2800 LIVERNO SUITE 400 TROY MI 4808 US	23	Mailing Address 2800 LIVERNOIS ROAD SUITE 400 TROY MI 48083 US				C0074485			
2. Principal P	Place of Business	3. Mailing Address				r seathear sea thirt ofait arour louise o		IIAII BIBII IBE!	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. F	38-2312018		pplied For ot Applicable	
Zip	Country	Zip	Count	ry	5. (Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
*				City	City FL Zip Code				
SIGNATURE . 9. This corporate filing (s named entity submits this statement for signature, typed or printed name of registered agent ar pration is eligible to satisfy its Intangible requirement and elects to do so.	od title if applicable. (NOTE: I	Registered FEE 2001 F	I Agent signate IS \$550.4	ore required when re		DATE	00 May Be	
(See criteria on back)			e to De	partmen		DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE DESAI, BHARAT 2800 LIVERNOIS ROAD TROY MI 48083	☐ Delete	TITLE NAME STREE		AU	DITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDARY, JOHN 2800 LIVERNOIS ROAD				CFOT XX Change Addition Sanjay Chheda 2800 Livernois Rd., Ste. 400 Troy, MI 48083				
NAME STREET ADDRESS CITY-ST-ZIP	CTO KENJALE, PRAKASH 2800 LIVERNOIS ROAD TROY MI 48083	Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOS MOORE, DANIEL 2800 LIVERNOIS ROAD TROY MI 48083	□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACKEY, MARLIN 2800 LIVERNOIS ROAD TROY MI 48083	☐ Delete					☐ Change	Addition	
CITY-ST-ZIP	VP SETHI, NEERJA 2800 LIVERNOIS ROAD TROY MI 48083	□ Delete	CITY-	T ADDRESS St-zip			☐ Change	☐ Addition	
	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address.		signati s requir	ure shall ha ed by Cha		egal effect as if made under oatl da Statutes; and that my name a			

SIGNATURE:

Daniel M. Moore

SIGN FIRED Chief Administrative Officer

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date