

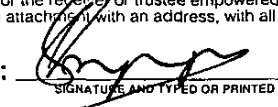


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000005378						<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">05 OCT 26 PM 4: 57</p> <p style="font-size: 14px; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 					
1. Entity Name ZENSAR TECHNOLOGIES, INC.				Principal Place of Business ONE NORTH LASALLE, STE. 3650 CHICAGO, IL 60602				Mailing Address ONE NORTH LASALLE, STE. 3650 CHICAGO, IL 60602			
2. Principal Place of Business				3. Mailing Address				10172005 REIN-P CR2E098 (6/04) 4. FEI Number 77-0283746 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FLORIDA FILING & SEARCH SERVICES, INC. 1333, NORTH DUVAL STREET TALLAHASSEE, FL 32303				Name				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
				Street Address (P.O. Box Number is Not Acceptable)							
				City							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOENKA, HARSH V 14/15, II PALAZZO, B.G. KHER MARG, MUMBAI 400006.	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061250526 11/08/05--01028--003 **158.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NATARAJAN, GANESH VILLA 10, TALERA PARK CO-OP HSG. SOCIETY KALYANINAGAR, PUNE 411 014,,	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAIN, RICHARD A 3, QUEENS CRESCENT, RICHMOND SURREY, ENGLAND TW 10 6HG,	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR ANTHONY PIPE 13, CALSHOT WAY FRIMLEY CAMBERLY SURREY ENGLAND GU27FA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASWANI, AJIT T 502, SOLITAIRE, HIRANANDANI GARDENS, POWAI MUMBAI 400 076, INDIA,	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR JOHN LEVACK ELECTRA PARTNERS ASIA LTD 5C STANLEY KNOLL 42 STANLEY VILLAGE RD STANLEY, HONG KONG					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUPTA, VIVEK 1034 STOCKTON COURT AURORA, IL 60504	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC IYENGAR, SHAILESH R 755 PANORAMA COURT AURORA, IL 60504	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 					SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
					Date <u>10/14/05</u> Daytime Phone # <u>312-553-0600</u>						