2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# F06000001823

Entity Name: NIIT (USA), INC.

Current Principal Place of Business:

1050 CROWN POINTE PARKWAY, STE. 500
ATLANTA, GA 30338

New Principal Place of Business:

Current Mailing Address:

1050 CROWN POINTE PARKWAY, STE. 500
ATLANTA, GA 30338

New Mailing Address:

FEI Number: 58-2107610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THADANI, VIJAY K.
Address: 8 BALAJI ESTATE
City-St-Zip: KALKAJI, NEW DELHI, INDIA, 110019

Title: D ( ) Delete
Name: BASU, ASHISH
Address: 1050 CROWN POINTE PARKWAY, STE. 500
City-St-Zip: ATLANTA, GA 30338

Title: D ( ) Delete
Name: RAJENDRAN, P.
Address: 8 BALAJI ESTATE, KALKJI
City-St-Zip: NEW DELHI, INDIA 110019,

Title: V ( ) Delete
Name: LALLA, SAPNESH
Address: 1050 CROWN POINTE PARKWAY, STE. 500
City-St-Zip: ATLANTA, GA 30338

Title: S ( ) Delete
Name: SUBRAMANIAM, P.R.
Address: 1050 CROWN POINTE PARKWAY, STE. 500
City-St-Zip: ATLANTA, GA 30338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: P R SUBRAMANIAN SECR 04/01/2009

Electronic Signature of Signing Officer or Director Date