

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90479 038 \*\*\*158.75

0001359 AI

**DOCUMENT # F02000005378**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0283746**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCALONA, KAMAL  
769 BOWMAN COURT  
WESTON FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Kamal Escalona*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/28/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GOENKA, HARSH V</b> <b>14/15, II PALAZZO, B.G.</b> <b>KHER MARG, MUMBAI 400006</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>NATARAJAN, GANESH</b> <b>VILLA-10, TALERA PARK CO-OP. HSG. SOCIETY.</b> <b>KALYANINAGAR, PUNE 411 014,</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAMBERLAIN, RICHARD A</b> <b>3, QUEENS CRESCENT, RICHMOND</b> <b>SURREY, ENGLAND TW 10 6HG</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VASWANI, AJIT T</b> <b>502, SOLITAIRE, HIRANANDANI GARDENS, POWAI</b> <b>MUMBAI 400 076, INDIA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>GUPTA, VIVEK</b> <b>1034 STOCKTON COURT</b> <b>AURORA IL 60504</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PARAB, NITIN</b> <b>763, SPRINGFIELD DR.</b> <b>CAMPBELL CA 95008</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MDHAPATRA, P. K.</b> <b>NO. 15, ABM AVENUE</b> <b>CHENNAI INDIA 600 028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KARNIK, P. Y.</b> <b>FLAT NO. 902, GLEN EAGLE, GD AMBEDKAR</b> <b>MUMBAI - INDIA 400 012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINANCIAL CONTROLLER</b> <b>SHAILESH IYENGAR</b> <b>43, ORCHARD TERRACE, # 7</b> <b>LOMBARD, IL 60148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SHAILESH IYENGAR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/24/2003** **312-553-0600 X3013**  
Date Daytime Phone #

CR2E034 (10/02)