

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005378

**Entity Name:** HCL AMERICA, INC.

**Current Principal Place of Business:**

2600 GREAT AMERICA WAY  
401  
SANTA CLARA, CA 95054

**Current Mailing Address:**

2600 GREAT AMERICA WAY  
401  
SANTA CLARA, CA 95054 US

**FEI Number:** 77-0205035

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name ABRAMS, ROBIN  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR  
Name AGGARWAL, PRATEEK  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title PRESIDENT  
Name CHINNASWAMY, VIJAYA K  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR  
Name CHINNASWAMY, VIJAYA K  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title SECRETARY  
Name LAKSHMANAN, RAGHU RAMAN  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR  
Name TIWARI, ANOOP  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

Title CFO  
Name WALIA, , RAJ  
Address 330 POTRERO AVENUE  
City-State-Zip: SUNNYVALE CA 94085

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAGHU RAMAN LAKSHMANAN

**SECRETARY**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date