

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004515

**Entity Name:** WIPRO LIMITED CORP**Current Principal Place of Business:**DODDAKANNELLI SARAPUR ROAD  
BANGALORE, 560035**Current Mailing Address:**2 TOWER CENTER BLVD, 2200  
EAST BRUNSWICK, NJ 08816 US**FEI Number:** 98-0154401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 BHATTACHARYA, ARUNDHATI  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR  
Name ENNIS, PATRICK JOHN  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR, CEO  
Name NEEMUCHWALA, ABIDALI Z  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR  
Name PREMJI, AZIM H.  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR  
Name DUPUIS, PATRICK  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title SECRETARY  
Name KHAN, SANAULLA  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR  
Name OWENS, WILLIAM  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

Title DIRECTOR  
Name SHARMA, MAHENDRA KUMAR  
Address DODDAKANNELLI SARAPUR ROAD  
City-State-Zip: BANGALORE 560035

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*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:** SANAULLA KHAN**SECRETARY****05/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	VITTAL, IREENA
Address	DODDAKANNELLI SARAPUR ROAD
City-State-Zip:	BANGALORE 560035