

2021 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: KHAN SANAULLA**SECRETARY****04/25/2021**

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