#### **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002195

**Entity Name: HCL TECHNOLOGIES LIMITED CORPORATION** 

FILED
Jan 25, 2023
Secretary of State
9363581778CC

# **Current Principal Place of Business:**

330 POTRERO AVE SUNNYVALE, CA 94085

### **Current Mailing Address:**

330 POTRERO AVE

SUNNYVALE, CA 94085 US

FEI Number: 98-0559509 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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	PRESIDENT	Title	SECRETARY
Name	VIJAYAKUMAR, C.	Name	ANAND, MANISH
Address	330 POTRERO AVE	Address	330 POTRERO AVE
City-State-Zip:	SUNNYVALE CA 94085	City-State-Zip:	SUNNYVALE CA 94085

Title TREASURER Title DIRECTOR

NameAGGARWAL, PRATEEKNameVIJAYAKUMAR, C.Address330 POTRERO AVEAddress330 POTRERO AVECity-State-Zip:SUNNYVALE CA 94085City-State-Zip:SUNNYVALE CA 94085

Title DIRECTOR Title DIRECTOR

NameMALHOTRA, ROSHNI NADARNameMALHOTRA, SHIKARAddress330 POTRERO AVEAddress330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085 City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR

Name KAPOOR, DEEPAK

Address 330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR

MADHAVAN, S.

Address 330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085

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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: MANISH ANAND SECRETARY 01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameCHELLAPPA, MOHANNameVASUDEVA, NISHIAddress330 POTRERO AVEAddress330 POTRERO AVECity-State-Zip:SUNNYVALE CA 94085City-State-Zip:SUNNYVALE CA 94085

TitleDIRECTORTitleDIRECTORNameABRAMS, ROBINNameSASTRY, S.

Address 330 POTRERO AVE Address 330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085 City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR Title DIRECTOR

Name ENGLAND, SIMON Name SRINIASAN, R.

Address 330 POTRERO AVE Address 330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085 City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR Title DIRECTOR

NameSIEBER, THOMASNameNARAYANAN, VANITHAAddress330 POTRERO AVEAddress330 POTRERO AVE

City-State-Zip: SUNNYVALE CA 94085 City-State-Zip: SUNNYVALE CA 94085