

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:25

DOCUMENT # 825758 (6)

1. Corporation Name

WNS, INC.

Principal Place of Business

**16825 NORTHCHASE DR #900
P.O. BOX 4586
HOUSTON TX 77060**

Mailing Address

**16825 NORTHCHASE DR #900
P.O. BOX 4586
HOUSTON TX 77060**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1971

3a. Date of Last Report

04/20/1994

4. FEI Number

74-1646406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**C
CHAMBERLAIN, JOHN S.
182 FAIRWAY DRIVE
PRINCETON NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CEO
SMITZ, WILLIAM D
266 PROVINCE LINE ROAD
SKILLMAN NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VCEO
ARTHURS, D. ROSS
181 MARSHALL CORNER
PENNINGTON NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSTF
YANTZ, T D
3502 LA COSTA
MISSOURI CITY TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DE RATH, PETER
TWO NEWBURY STREET
BOSTON MA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

Yantz, T.D.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

DeRath, Peter

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deane Yantz

V.P-Finance

4-4-95

713/874-0800