

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State

1996 3-20-96 B-2583 C

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

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc

26 State Apt. #, etc

22 City & State

27 City & State

23 Zip County

28 Zip County

24

29 30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/15/1971

3a. Date of Last Report

04/11/1995

4. FEI Number

74-1646406

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

Signature of the person who is registered agent for the corporation

Signature of the President or other officer of the corporation

(P)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: **C CHAMBERLAIN, JOHN S.**
STREET ADDRESS: **182 FAIRWAY DRIVE**
CITY-STATE-ZIP: **PRINCETON NJ**

TITLE DELETE

NAME: **CEO SIVITZ, WILLIAM D**
STREET ADDRESS: **266 PROVINCE LINE ROAD**
CITY-STATE-ZIP: **SKILLMAN NJ**

TITLE DELETE

NAME: **VCEO ARTHURS, D. ROSS**
STREET ADDRESS: **191 MARSHALL CORNER**
CITY-STATE-ZIP: **PENNINGTON NJ**

TITLE DELETE

NAME: **VSTF YANTZ, TD**
STREET ADDRESS: **3502 LA COSTA**
CITY-STATE-ZIP: **MISSOURI CITY TX**

TITLE DELETE

NAME: **D DEROETH, PETER**
STREET ADDRESS: **TWO NEWBURY STREET**
CITY-STATE-ZIP: **BOSTON MA**

TITLE DELETE

NAME: **D**
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

J Deanne Yantz
J Deanne Yantz

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE Change Addition

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

3. TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Yantz, TD

DeRoeth

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 119.07(3)(k), 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 trustee or trustee or executor 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.

3-15-96

713/074-0800

CR2E034 (12/95)