


FILED

06 MAY -3 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F02000000767					
1. Entity Name FLEXTRONICS SOFTWARE SYSTEMS LIMITED, INC.					
Principal Place of Business 100, LAKE FOREST BLVD. 4TH FLOOR, GAITHERSBURG MD 20877			Mailing Address 100 LAKE FOREST BLVD. 4TH FLOOR, GAITHERSBURG MD 20877		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name <b>NOT APPLICABLE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>NOT APPLICABLE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE BHARDWAJ, ASHISH K 2090 FORTUNE DRIVE SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LIST OF DIRECTORS AS PER ANNEXURE 'A'</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDE KUMAR, ARUN PLOT 31 ELECTRONIC CITY SECTOR 18 GURGAON 122015 INDIA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LIST OF OFFICERS AS PER ANNEXURE 'B'</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE ROBERTSON, IAN DUNCAN 2090 FORTUNE DRIVE SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE BRATHWAITE, NICHOLAS E 2090 FORTUNE DRIVE SAN JOSE, CA 95131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE NILSSON, RONNY STURERPLAN 13 3TR, PO BOX 7302 SE 103 90 STOCKHOLM SWEDEN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBE RAMANI, K V 2 SAI NAGAR 109 KRISHNAN KARAI VILLAGE PATTIPULAM P.O. TAMIL NADU IN,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Jasmeet Singh</i>			(JASMEET SINGH THAKRAL)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			+91-124-234 6666		

500073923225



04252006 Chg-P CR2E034 (11/05)

4. FEI Number  
98-0341653Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FLEXTRONCS SOFTWARE SYSTEMS LIMITED**  
**LIST OF DIRECTORS**  
**AS ON 31.03.2006**

S. No.	Directors / Addresses	Designation	Occupation
1	MR. ASHISH KUMAR BHARDWAJ 2090, FORTUNE DRIVE, SAN JOSE CA 95131, U.S.A.	CHAIRMAN	Executive
2	MR. ARUN KUMAR PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA	MANAGING DIRECTOR	Executive
3	MR. IAN DUNCAN ROBERTSON 2090, FORTUNE DRIVE, SAN JOSE CA 95131, U.S.A.	DIRECTOR	Executive
4	MR. NICHOLAS E BRATHWAITE 2090, FORTUNE DRIVE, SAN JOSE CA 95131, U.S.A.	DIRECTOR	Executive
5	MR. RONNY NILSSON STURERPLAN 13, 3TR, PO BOX 7302, SE-103 90, STOCKHOLM, SWEDEN	DIRECTOR	Executive
6	MR K V RAMANI 2, SAI NAGAR, 109 KRISHNAN KARANAI , VILLAGE, PATTIPULAM P.O. TAMIL NADU - 603104, INDIA	DIRECTOR	Business Executive
7	MR. AMAL GANGULI 5, JAIN MANDIR MARG (ANNEXE.) CONNAUGHT PLACE, NEW DELHI - 110001, INDIA	DIRECTOR	Executive
8	MR. VINOD SABLOK B-15, 1ST FLOOR, SHANKAR GARDEN, VIKAS PURI, SHIVAJI MARG, NEW DELHI-110 018	DIRECTOR	Executive
9	MR. MANORANJAN MOHAPATRA (Alternate to Mr. Ashish Kumar Bhardwaj) PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA	ALTERNATE DIRECTOR	Executive
10	MR. AADESH GOYAL (Alternate to Mr. Ronny Nilsson) PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA	ALTERNATE DIRECTOR	Executive
11	MR. VIMAL KHANNA (Alternate to Mr. Ian Duncan Robertson) PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA	ALTERNATE DIRECTOR	Executive



**FLEXTRONICS SOFTWARE SYSTEMS LIMITED****LIST OF OFFICERS  
AS ON 31.03.2006**

S. No.	Officers	Designation	Address
1	MR. ARUN KUMAR	PRESIDENT & MANAGING DIRECTOR	PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA
2	MR. VIMAL KHANNA	VICE PRESIDENT & CHIEF FINANCIAL OFFICER	PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA
3	MR. JASMEET SINGH THAKRAL	SECRETARY	PLOT 31, ELECTRONIC CITY, SECTOR 18, GURGAON 122015, INDIA





CORPORATION SERVICE COMPANY

494

ACCOUNT NO. : 072100000032

REFERENCE : 069117 7383875

AUTHORIZATION :

COST LIMIT :

*[Handwritten signature]*  
*\$ 550.00 / 150.00*

ORDER DATE : April 27, 2006

ORDER TIME : 11:05 AM

ORDER NO. : 069117-005

CUSTOMER NO: 7383875

ANNUAL REPORT FILING

NAME: FLEXTRONICS SOFTWARE SYSTEMS  
LIMITED, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_