


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # F02000005378 | |  |
| 1. Entity Name ZENSAR TECHNOLOGIES, INC. | | |

FILED
05 OCT 26 PM 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business ONE NORTH LASALLE, STE. 3650 CHICAGO, IL 60602 | Mailing Address ONE NORTH LASALLE, STE. 3650 CHICAGO, IL 60602 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10172005 REIN-P CR2E098 (6/04)

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|-----------------------------|--|
| 4. FEI Number 77-0283746 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333, NORTH DUVAL STREET TALLAHASSEE, FL 32303 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GOENKA, HARSH V 14/15, II PALAZZO, B.G. KHER MARG, MUMBAI 400006, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600061250526 11/08/05--01028--003 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC NATARAJAN, GANESH VILLA 10, TALERA PARK CO-OP HSG. SOCIETY KALYANINAGAR, PUNE 411 014,, <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 | D CHAMBERLAIN, RICHARD A 3, QUEENS CRESCENT, RICHMOND SURREY, ENGLAND TW 10 6HG, <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR ANTHONY PIPE 13, CALSHOT WAY FRIMLEY CAMBERLY SURREY, ENGLAND GU9 7FA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VASWANI, AJIT T 502, SOLITAIRE, HIRANANDANI GARDENS, POWAI MUMBAI 400 076, INDIA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR JOHN LEVACK ELECTRA PARTNERS ASIA LTD 5C STANLEY KNOLL 42 STANLEY VILLAGE RD STANLEY, HONG KONG |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS GUPTA, VIVEK 1034 STOCKTON COURT AURORA, IL 60504 <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 | FC IYENGAR, SHAILESH R 755 PANORAMA COURT AURORA, IL 60504 <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 exemption stated in Section 119.07(3)(i), 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: SHAILESH IYENGAR 10/14/15 312-553-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #