

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90052 049 \*\*\*150.00

**DOCUMENT # F03000002747**

1. Entity Name

ICICI ONESOURCE LTD., USA, INC.



Principal Place of Business

500 FIFTH AVE., STE. 2330  
NEW YORK NY 10110

Mailing Address

500 FIFTH AVE., STE. 2330  
NEW YORK NY 10110

2. Principal Place of Business

22570 MARKEY CT

Suite, Apt. #, etc.

SUITE 200

City & State

STERLING VA

Zip

20166

Country

USA

3. Mailing Address

22570 MARKEY CT.

Suite, Apt. #, etc.

SUITE 200

City & State

STERLING VA

Zip

20166

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

13-4112411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES INC  
4435 OLD WINTER GARDEN RD.  
ORLANDO FL 32811

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 May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MUKERJI, ANANDA	
STREET ADDRESS	6TH FLOOR PENINSULA CHAMBERS	
CITY-ST-ZIP	GANPATRAO KADAM MARG LOWER P	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	KURIEN, SUSHEEL	
STREET ADDRESS	500 FIFTH AVE., STE. 2830	
CITY-ST-ZIP	NEW YORK NY 10110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAHUL BASU	
STREET ADDRESS	20 RADHIKA APES, SAYANI ROAD	
CITY-ST-ZIP	MUMBAI, INDIA 400-025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAJA GOPALAKRISHNAN	
STREET ADDRESS	1122 STOCKTON CT	
CITY-ST-ZIP	AURORA, IL 60504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*G. KHALSA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. KHALSA

OFFICE MANAGER

Feb 10/04

Date

703-480-8013

Daytime Phone #