PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILE DI SECRETARY OF STATE DIVISION OF CORPORATIONS

97 AUG -3 PM 2: 05

DOCUMENT # F03 0000 2747

1. Corporation Name

ICICI OneSource Ltd., USA, Inc.

<u></u>							REINSTATEMENT				
2. Principal Office Address - No P.O. Box # 177 Broad Street 177 B				rflice Address road Street			CR2E081 (1/07)				
Suite, Apt. #, etc. 10th Floor Suite, Apt. #,						4. Date Incorporated or Qualified To Do Business in Florida 06/02/2003					
			ord, CT			1 3 4 1 1 2 4 1 1			Applied For Not Applicable		
^ℤ 0690	01 ÜS	^z 06901	1	US	try		6. CERTIFICATE	OF STATUS DESIRE		litional Fee required rtificate of Status	
7. Name and Address of Current Registered Agent										-	
Name CT Corporation System							The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable)					circumstances which the entity did not receive the prior notices. By checking this box, you						
1200 South Pine Island Road Suite, Apt. #, Etc.							are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
City P	lantation	State Zip Code 33324									
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN Date Date											
9. Names	s and Street Addresses of Each Office	r and/or Director (Flo	orida nonpre	ofit corpo	orations must list	t at lea	st 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	Ananda Mukerj	İ	Peninsula Cha			nbers, 6th Floor, Lower Parel			Mumbai India 400013		
D	Matthew Vallan	ce	e 47 Lancaster			κ, R	ichmond	Surrey, England TW0 6AD			
D	Rahul Basu		Peninsula Chambers, 6th Floor,				Lower Parel Mumbai India 400013			400013	
Р	John Cutrone		177 Broad Street, 10				Oth Floor Stamford, CT 06901				
V	Arjun Mitra		177 Broad Street, 10				Oth Floor Stamford, CT 06901				
								1 0107 4 10701057		1 450.00	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR