2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002747

Title:

Name:

Address:

City-St-Zip:

Entity Name: FIRSTSOLIRGE SOLUTIONS LISA INC.

FILED Apr 11, 2008 Secretary of State

Littly Nan	ie. Pikoroo	ORCE SOLUTIONS USA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	D STREET, 10 D, CT 06901	TH FLOOR				
Current Mailing Address:			New Mailing Address:			
3601 W 133 STAMFORI	3 ST D, CT 06901					
FEI Number:	13-4112411	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
NRAI SER\ 2731 EXEC WESTON,	UTIVÉ PARK	DR STE 4 US				
The above in the State		submits this statement for the po	urpose of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electron	ic Signature of Registered Age	nt	Date		
Election Cam	paign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MUKERJI, ANAI	IAMBERS 6TH FL. LOWER PAREL	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VALLANCE, MA	R PARK, RICHMOND	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BASA, RAHUL	Delete IAMBERS 6TH FL., LOWER PAREL 700013,	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CUTRONE, JOH	REET, 10TH FLOOR	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ARDY, JOHN 177 BROAD STREET, 10TH FLOOR STAMFORD, CT 06901		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ARJUN MITRA V 04/11/2008

() Delete

177 BROAD STREET, 10TH FLOOR

MITRA, ARJUN

STAMFORD, CT 06901

() Change () Addition