

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002747

FILED
Mar 27, 2009
Secretary of State

Entity Name: FIRSTSOURCE SOLUTIONS USA, INC.

Current Principal Place of Business:

177 BROAD STREET, 10TH FLOOR
STAMFORD, CT 06901

New Principal Place of Business:

205 BRYANT WOODS SOUTH
AMHERST, NY 14228

Current Mailing Address:

3601 W 133 ST
STAMFORD, CT 06901

New Mailing Address:

205 BRYANT WOODS SOUTH
AMHERST, NY 14228

FEI Number: 13-4112411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUKERJI, ANANDA
Address: PENINSULA CHAMBERS 6TH FL. LOWER PAREL
City-St-Zip: MUMBAI INDIA 400013,

Title: D () Delete
Name: VALLANCE, MATTHEW
Address: 47 LANCASTER PARK, RICHMOND
City-St-Zip: SURREY ENGLAND TW0 6AD,

Title: D () Delete
Name: BASA, RAHUL
Address: PENINSULA CHAMBERS 6TH FL., LOWER PAREL
City-St-Zip: MUMBAI INDIA 700013,

Title: P (X) Delete
Name: ARDY, JOHN
Address: 177 BROAD STREET, 10TH FLOOR
City-St-Zip: STAMFORD, CT 06901

Title: V () Delete
Name: MITRA, ARJUN
Address: 177 BROAD STREET, 10TH FLOOR
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STELLATO, FRANK
Address: 1661 LYNDON FARM COURT
City-St-Zip: LOUISVILLE, KY 40223

Title: S (X) Change () Addition
Name: SHRIVASTAVA, USHA
Address: 2666 CREEK BEND
City-St-Zip: TROY, MI 48098

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ARJUN MITRA

V

03/27/2009

Electronic Signature of Signing Officer or Director

Date