2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004757

Entity Name: TCS E-SERVE LIMITED CORPORATION

FILED Apr 21, 2011 Secretary of State

BLOCK NO. B3 NIRLON KNOWLEDGE PARK OFF WESTERN EXPRESS HWY GOREGAON (EAST), MUMBAI, XX 400063 IN

Current Mailing Address: New Mailing Address:

BLOCK NO. B3 NIRLON KNOWLEDGE PARK OFF WESTERN EXPRESS HWY GOREGAON (EAST), MUMBAI, XX 400063 IN

FEI Number: 98-0406304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: CEO

Name: KHOLKAR, DINANATH

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

City-St-Zip: GOREGAON (EAST), MUMBAI, XX 400063 IN

Title: S

Name: MOHOLKAR, RAJENDRA

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

GOREGAON (EAST), MUMBAI, XX 400063 IN

Title: T

City-St-Zip:

Name: GUPTA, PRASHID

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

City-St-Zip: GOREGAON (EAST), MUMBAI, XX 400063 IN

Title:

Name: IYER, VISHWANATHAN

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

City-St-Zip: GOREGAON (EAST), MUMBAI, XX 400063 IN

Title:

Name: PODDAR, DEBASHIS

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

City-St-Zip: GOREGAON (EAST), MUMBAI, XX 400063 IN

Title: D

Name: MUKHOPADHYAY, SUPRAKASH

Address: BL NO. B3 NIRLON KNOWLEDGE PARK OFF WESTER

City-St-Zip: GOREGAON (EAST), MUMBAI, XX 400063 IN

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS POA 04/21/2011