2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004390

Entity Name: ACCENTURE TECHNOLOGY SOLUTIONS-US, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
161 N. CLARK ST., 23RD FLOOR CHICAGO, IL 60601				161 N. CLARK STREET CHICAGO, IL 60601				
Current Mailing Address:				New Mailing Address:				
161 N. CLARK ST., 23RD FLOOR CHICAGO, IL 60601				161 N. CLARK STREET CHICAGO, IL 60601				
FEI Number:	41-2048318	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate	e of Status Desi	red ()
Name and	Address of Cu	Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.								
SIGNATUR								
	Electronic	ıt			С	Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name:	CALBY, DOUGLA 1345 AVENUE O NEW YORK, NY	F THE AMERICAS 10105 Delete		Title: Name: Address: City-St-Zip: Title: Name:	CALBY, DOUG ONE FINANCIA HARTFORD, C	L PLAZA, S` T 06103) Change (TE 1600	
Address: City-St-Zip:	3000 TOWN CEN SOUTHFIELD, M	ITER,STE. 2400		Address: City-St-Zip:	161 N. CLARK CHICAGO, IL (STREET		
Title: Name: Address: City-St-Zip:	DS ()E HUGHES, MICHA 161 N. CLARK S' CHICAGO, IL 60	TREET		Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	D () [HILL, DAVID L 161 N. CLARK S' CHICAGO, IL 60			Title: Name: Address: City-St-Zip:	D (X) CARNAHAN, KE 560 MISSION S SAN FRANCISO	ST, STE 120	0	
Title: Name: Address: City-St-Zip:	FIKSE, ED J	Delete OR BLVD.,STE. 1400 39		Title: Name: Address: City-St-Zip:	D (X FIKSE, ED/EDI 5221 N. O'CON IRVING, TX 75	INOR BLVD.		
Title: Name: Address: City-St-Zip:	VPCO () CRUSE, BARRY 161 N. CLARK S' CHICAGO, IL 60	TREET		Title: Name: Address: City-St-Zip:	()) Change() Addition	

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: MICHAEL E. HUGHES SD 04/23/2009