

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90005 044 ***150.00

DOCUMENT # F04000005668

1. Entity Name
SUTHERLAND GLOBAL SERVICES INC.



Principal Place of Business
**1160 PITTSFORD-VICTOR RD.
 PITTSFORD, NY 14534**

Mailing Address
**1160 PITTSFORD-VICTOR RD.
 PITTSFORD, NY 14534**

40131957



08092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1287080	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO VELLODI, DLLIP 1160 PITTSFORD-VICTOR RD. PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, REN 525 UNIVERSITY AVE., SUITE 1300 PALO ALTO, CA 94301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NARAYANAN, D MUTHU 1160 PITTSFORD-VICTOR RD. PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMAN, FRED 525 UNIVERSITY AVE., SUITE 1300 PALO ALTO, CA 94301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUGGY, JOE 1160 PITTSFORD-VICTOR RD. PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHADDA, BHARAT 1160 PITTSFORD-VICTOR RD. PITTSFORD, NY 14534

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Satish Ramon 8-8-07

Date

585-586-5757

Daytime Phone #

x2019