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SIVISION OF CORPORATION

### FOREIGN PROFIT QUALIFICATION

### **Progeon Limited**

Certificate of Status	0
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**CARROLATE** FILIPA

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. NOT 23 A 10:21

(Enter name of corporation; must include "INCORFORATED," "COMPANY," "CORPORATION," "LAHASSEE, "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. INDIA 2. INDIA 3. 48-1260854 (State or country under the law of which it is incorporated)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")  6. HAS NOT BEGUN  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  6. 607 KAISER DRIVE. FREMONT, CA 94.555  (Principal office address)  6. GOT KAISER DRIVE, FREMONT, CA 94.555  (Current mailing address)  8. BUSINESS SERVICES OUTSOURCING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address.  1200 South Pine Island Road  Flantation  Florida 33324	DO OCUONI DITTE	The same of the sa	SECRETARY OF STATE
[State or country under the law of which it is incorporated]  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  6607 KAISER DRIVE, FREMONT, CA 94555  (Principal office address)  6607 KAISER DRIVE, FREMONT, CA 94555  (Current mailing address)  BUSINESS SERVICES OUTSOURCING  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address.  1200 South Pine Island Road  Florida 33324	(Enter name of corpo	ration; must include "INCORPORAT	TED," "COMPANY," "CORPORATION," LAHASSEE, FLOR
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Plantation , Florida 33324	ffice Address 12	200 South Pine Island Road	•
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(CIV) (AID CORE)	<u> </u>	(City)	, Florida <u>35328</u> (Zip code)
O. Registered agent's acceptance:		• •	· · · /
	esignated in this app. Irther ogree to comp.	lication, I heraby accept the appoi by with the provisions of all statute	iniment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my dutic
Taving been named as registered agent and to accept service of process for the above stated corporation at the pl lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	₿v:	Nosem CIERPOR	NASEEM A. CONDE
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<sup>11.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

<sup>12.</sup> Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: ATTACHED	FILED
<del></del>	
Address:	ZEN4 NOV 23 A 10:
Vice Chairman:	SECRETARY OF STATE
Address:	
Director:	
Address:	
Director:	
Addrass:	
B. OFFICERS	
President: ATTACHED	
Addrews:	
Vice President:	
Address:	
ecretary:	
Address:	
Treasurer:	
NOTE: .If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
(Signature of Director of Officer listed in	number 12 of the application)
4. P.R. GANAPATHY ASSISTANT SECRETAR	
(Typed or printed name and capacity or	f person signing application)

### PROGEON LIMITED Federal EIN# 48-1260854

## FILED

2004 HOV 23 A 10: 21

# SECULETARY OF STATE TALLAHASSEE, FLORIDA

## Officers & Board of Directors

5.No	Name	Designation	Address
I	Mr. T V Mohandas Pai	Chairman	No.521, "The Embassy" Ali Asker Road Bangalore 560 001
2	Mr. Akshaya Bhargava	Managing Director and Chief Executive Officer	No. 85, Platts Lane London NW 37 NL United Kingdom
3	Mr. S D Shibulal	Director	No.383, 42nd Cross 9th Main, 5th Block Jayanagar Bangalore 560 041
4	Prof. Jayanth R Varma	Director	Indian Institute of Management Vastrapur Ahmedabad 380 015

### **List of Officers**

S.No	Name	Designation	Address
1	Mr. Ramesh Kamath	Chief Financial Officer	Plot No.26/3, 26/4 and 26/6 Electronics City, Hosur Road Bangalore 560100
2	Mr. N R Ravikrishnan	Company Secretary	Plot No.26/3, 26/4 and 26/6 Electronics City, Hosur Road Bangalore 560100

Mr. P.R. Ganapathy Asst. Secretary 6607 Kaiser Drive Fremont, CA 94555



## SECOND CERTIFICATE (Pursuant to Sec.610(1)(b)

#### CERTIFICATE OF INCORPORATION

Company No. 08/30310 of 2002

I hereby certify that

M/S. PROGEON (P) LTD.,

Which was originally incorporated under the Companies Act, 1956 (No. 1 of 1956) on 03-04-2002 and that company is limited.

Given under my hand at Bangalore this 12th day of October Two Thousand Four.



(SANTOSH KUMAR)
ASST. REGISTRAR OF COMPANIES
KARNATAKA:: BANGALORE.