Division of Corporations
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THE TAXABLE CONTRACTOR OF TAXABL

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

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IN AUG 16 AM ET OU SECRETARY OF STATE

## REGISTERED AGENT CHANGE INFOSYS BPO LIMITED INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statunge is submitted for a corporation organized under the laws of the State of $\overline{\mathrm{Ind}}$		_
	r to change its registered office or registered agent, or both, in the State of Flori		
1. The name of t	he corporation: INFOSYS BPO LIMITED INC.	***	
2. The principal	office address:		
	ser Drive, Fremont, CA 94555		
3. The mailing a	ddress (if different):	<del></del>	
4. Date of incorp	poration/qualification: 11/23/2004 Document number: F040000	06695	
	street address of the current registered agent and registered office on file with the	ie ≅	
	C T Corporation System	AEC I	,
	1200 South Pine Island Road	AEE S	·
	Plantation, FL 33324	SEE,	r C
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	AUG 16 AM 10: 04 CRETARY OF STATE LAHASSEE, FLORIDA	<b>C</b>
	Corporation Service Company	> m . F	
	1201 Hays Street		
	(I'.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	gistered agen	i <b>t</b> ,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an off ne board, or the corporation has been notified in writing of the change.	icer so	
	Pravesn Bhat		n
=	re of an officer or director)  St. Manager - Finance & (Printed or typed nature and tale)		
aocument is pei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered as ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	te performan zent. Or, if th onfirm that th	ce iis re
	tion Service Company	٠.	,
By: Su	gapture of Registered Agent) (Date)		-
If signing on be	half of an entity:	声量	
	opet, Asst. VP		
Ú	Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)