


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90060 022 \*\*\*150.00

<b>DOCUMENT # F05000000649</b> 1. Entity Name <b>SATYAM BPO LIMITED CORPORATION</b>					
Principal Place of Business <b>MAYFAIR CENTRE, 1-8-303/36, S.P. ROAD, SECUNDERABAD, ANDHRA PRADESH, INDIA. ANDHRA PRADESH, INDIA, AP 50000-3</b>			Mailing Address <b>ONE GATEHALL DRIVE, SUITE 301 PARSIPPANY, NJ 07054</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>76-0722419</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB RAMALINGA RAJU, BYRRAJU MAYFAIR CENTRE, 1-8-303/36, S.P. RD SECUNDERABAD, INDIA, AP 500 003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RODDAM VENKATESH LEVEL 5, HITEC CITY, MADHAPUR HYDERABAD, A.P., INDIA 500081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMA RAJU, BYRRAJU MAYFAIR CENTRE, 1-8-303/36, S.P. RD SECUNDERABAD, INDIA, AP 500003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHUDGAR, TUSHAR LEVEL 5, HITEC CITY, MADHAPUR HYDERABAD, A.P., INDIA 500081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SRINIVAS, VEDLAMANI MAYFAIR CENTRE, 1-8-303/36, S.P. RD SECUNDERABAD, INDIA, AP 500003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENKATESHWARA GUNAPATHI 7-1-27, AMEERPET HYDERABAD, INDIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENKATAANWARA, GUNSPATHI 7-1-27 AMOERPET HYDERABAD, INDIA, AP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, RAJ 5000 FORBES AVE PITTSBURGH, PA, 15123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTHARI, DILIP 583 ORCHARD RD SINGAPORE, SI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATYANARAYANA MUDUNURI MAYFAIR CENTRE, 1-8-303/36 SP ROAD SECUNDERABAD, A.P., INDIA 500003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SATYANARAYANA, MUDUNURI MAYFAIR CENTRE, 1-8-303/36, S.P. RD SECUNDERABAD, INDIA, AP 500003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SATYANARAYANA MUDUNURI MAYFAIR CENTRE, 1-8-303/36 SP ROAD SECUNDERABAD, A.P., INDIA 500003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Tushar Chudgar</i> <b>TUSHAR CHUDGAR</b>			07/10/2008 732-205-8600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		