

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004436

FILED
May 01, 2009
Secretary of State

Entity Name: AXA BUSINESS SERVICES PRIVATE LIMITED CORP.

Current Principal Place of Business:

16/2, RESIDENCY ROAD
BANGALORE, KA 560025 IN

New Principal Place of Business:

Current Mailing Address:

4800 GREAT AMERICA PARKWAY
SUITE 310
SANTA CLARA, CA 95054 US

New Mailing Address:

FEI Number: 98-0546094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SECR () Delete
Name: RAGHAVENDRAN, UMA
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE,, KA 560 025 IN

Title: PRES () Delete
Name: BUCH, CHIRAG S
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR () Delete
Name: CLARKE, DAVID P
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE,, KA 560025 IN

Title: TREA () Delete
Name: JAIN, ANOOP
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR () Delete
Name: BRUNET, CLAUDE
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560025 IN

Title: DIR () Delete
Name: THROPE, WENDY
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE, KA 560 025 IN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: HYNAM, DAVID P
Address: 16/2, RESIDENCY ROAD
City-St-Zip: BANGALORE,, KA 560025 IN

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PM FOR U. RAGHAVENDRAN

COUN

05/01/2009

Electronic Signature of Signing Officer or Director

Date