2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F08000001010

Entity Name: COLLABERA SOLUTIONS PRIVATE LIMITED, INC.

Current Principal Place of Business:

2880 ZANKER ROAD., SUITE #210
SAN JOSE, CA 95134

New Principal Place of Business:

Current Mailing Address:

2880 ZANKER ROAD., SUITE #210
SAN JOSE, CA 95134

New Mailing Address:

FEI Number: 52-2185141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PATEL, HITEN
Address: 43 HIGH MEADOW LANE
City-St-Zip: BASKING RIDGE, NJ 07920

Title: CEO ( ) Delete
Name: BEKAY, JAWAHAR
Address: #72 DOLLARS LAYOUT, 2ND MAIN, JP NAGAR
City-St-Zip: BANGALORE INDIA,

Title: D ( ) Delete
Name: PATEL, SHAM J
Address: 6 JOHNSTON CIRCLE
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D ( ) Delete
Name: ARNI, ASHWIN R
Address: 5 ROSS LANE
City-St-Zip: BASKING RIDGE, NJ 07920

Title: JSA (X) Delete
Name: KOVOOR, MARY
Address: 3199 CHESHIRE DRIVE
City-St-Zip: SAN JOSE, CA 95118

Title: CS (X) Delete
Name: DESAI, GIRISH
Address: 31 GRAPE GARDEN, 17TH H MAIN ROAD
City-St-Zip: KARAMANGALA INDIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: FM (X) Change ( ) Addition
Name: KOVOOR, MARY
Address: 3199 CHESHIRE DRIVE
City-St-Zip: SAN JOSE, CA 95118 US

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

Title: COO (X) Change ( ) Addition
Name: SHEKAR, MOHAN
Address: 25 AIRPORT RD
City-St-Zip: MORRISTOWN, NJ 07960

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: MARY KOVOOR FM 04/29/2009

Electronic Signature of Signing Officer or Director — Date