Division of Corporations Electronic Filing Cover Sheet

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(((H110002140973)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE EXLSERVICE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

## **COVER LETTER**

TO: Amendment ! Division of C				
SUBJECT:	EXLService Hole			
	Name of C	Operation		
DOCUMENT NUMI	BER: F1	1000001462		
The enclosed Statemer	nt of Change of Registered Offic	e/Agent and fee are submitted for filing.		
	spondence concerning this matter			
	horages a service P line incom-	- W 420 20100 17 B.		
Name of Contact Person				
	Firm/Company			
-	Add			
	Add	ras		
	City/State an	od Zin Code		
	Only/Diam an	e with Coop		
	ashashank@exi			
E-1	nail address: (to be used for fi	nure annual report notification)		
For further information	concerning this matter, please o	all:		
	-			
Nama i	f Contact Person	at (		
144106-0	i Contact Person	Alea Code de Daytime Tetepianio Humon		
Enclosed is a \$35.00 ch	eck made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee El 32301		

CR2E043 (8/05)

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

	te provisions of sections 607.0502, 617.03 hange is submitted for a corporation orgo		
in or	der to change its registered office or regis	stered ugent, or both, in the State of	
1. The name o	f the corporation: EXLService Holdings, In	ic.	
2. The princip	al office address: 280 PARK AVENUE, 38	ITH FLOOR, NEW YORK NY 1001	7
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 04/05/2011	Document number:	F11000001462
	nd street address of the current registered artment of State: (If resigned, enter resign		
	CORPORATION SERVICE COMPANY	Υ	_ ~ ~ ~ <b>*</b>
	11201 HAYS ST		
	TALLAHASSEE FL 32301		
6. The name ar (if changed)		mt (if changed) and /or registered o	- STORY OF SURIES
	CT Corporation System		
	c/o CT Corporation System, 1200 South	Pine Island Road	7
	P.O. Box NO	OT acceptable	
	Plantation, Florida 33324		
The street addr as changed wil	ress of its registered office and the street	taddress of the business office of	its registered agent,
Such change was authorized by	as authorized by resolution duly adopte the board, or the corporation has been n	d by its board of directors or by a ctified in writing of the change.	n officer so
Shan	li Aldres	Sharlin Aldao, Vice P	
I hereby accep I further agree of my duties, a document is be corporation ha	us of an other or director  t the appointment as registered agent at to comply with the provisions of all sta nd I am familiar with and accept the ob- ing filed merely to reflect a change in it s been notified in writing of this change rporation System	Printed or typed name and agree to act in this capacity. Nutes relative to the proper and colligation of my pasition as register registered office address, I here.	
	to el	8/29/2011	
- 1 / 0 / / Sq	nature of itherstered Agent	Dato	
If signing on be	chalf of an entity:		
Kristin	Boldon, Assistant Secretary		
	yped or Printed Nume		
	* * * RILING RI	EE: \$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)

F1506 - 07/23/2009 CT System College