

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002108

FILED
Feb 17, 2005
Secretary of State

Entity Name: HCL TECHNOLOGIES (MASS.), INC.

Current Principal Place of Business:

400 CROWN COLONY DRIVE
SUITE 500
QUINCY, MA 02169

New Principal Place of Business:

Current Mailing Address:

400 CROWN COLONY DRIVE
SUITE 500
QUINCY, MA 02169

New Mailing Address:

FEI Number: 04-3173861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHESH, RAJIV
Address: 400 CROWN COLONY DR #500
City-St-Zip: QUINCY, MA 02169

Title: D () Delete
Name: SIROHI, RAJ
Address: 330 POTRERO AVE
City-St-Zip: SUNNYVALE, CA 94086

Title: D () Delete
Name: NARAYANAN, S.L.
Address: A-10 SECTOR 15A NOIDA
City-St-Zip: IP201301 INDIA,

Title: TC () Delete
Name: GUPTA, RITA
Address: 400 CROWN COLONY DR #500
City-St-Zip: QUINCY, MA 02169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: RAJIV SHESH

PD

02/17/2005

Electronic Signature of Signing Officer or Director

_____ Date