

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

03 OCT 21 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F95000002108**

**1. Corporation Name**

HCL TECHNOLOGIES (MASS.), INC.

**REINSTATEMENT** 03

**2. Principal Office Address**

400 Crown Colony Drive

Suite, Apt. #, etc.

500

City & State

Quincy, MA

Zip

02169

Country

USA

**3. Mailing Office Address**

400 Crown Colony Drive

Suite, Apt. #, etc.

500

City & State

Quincy, MA

Zip

02169

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/01/1995

**5. FEI Number**

04-3173861

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAJIV SHESH	400 Crown Colony Drive # 500	Quincy, MA 02169
D	RAJ SIROHI	330 Potrero Avenue	Sunnyvale, CA 94086
D	S.L. NARAYANAN	A-10 Sector 15A, Noida,	UP- 201301, INDIA
TC	RITA GUPTA	400 Crown Colony Drive # 500	Quincy, MA 02169

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAJIV SHESH

10/13/2003 (617)-328 7131

Date

Daytime Phone #

CR2E081 (10/02)

2/10/23

400 Crown Colony Drive, Suite 500  
Quincy, MA 02169  
Tel: 617-328-7131  
Fax: 617-770-4086  
www.hcltmass.com

**HCL TECHNOLOGIES (MASS.), INC.**

October 9, 2003

Department of State  
Division of Corporations  
409 East Gaines Street.  
Tallahassee, FL 32399

**RE: HCL TECHNOLOGIES (MASS.), INC**

Application for Corporation Reinstatement

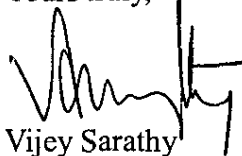
Dear Sir or Madam:

HCL Technologies (Mass.), Inc. ("Corporation") hereby submits the enclosed application for reinstatement as for-profit Foreign Corporation.

The Corporation did not receive the two prior uniform business report (UBR) notices and inadvertently failed to file the annual return.

We therefore kindly request waiver of the penalty and process our application. We are enclosing a check in the amount of \$ 158.75 to cover Annual Report Fee, Corporate Supplemental Fee and additional fee for a Certificate of Status.

Yours truly,



Vijey Sarathy  
Chief Accountant