## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001071

FILED Apr 27, 2004 Secretary of State

Entity Na	me: NESS G	LOBAL SERVICES INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	INOLOGY DR BURG, PA 15					
Current Mailing Address:			New Mailing Address:			
	INOLOGY DR BURG, PA 15					
FEI Number	: 23-2920053	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired	I( )
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU PLANTAT	PORATION SY ITH PINE ISLA ION, FL 3332	AND ROAD 4 US	on a second seco	<b>.</b>	ecc.	
	e named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registered	oπice or registered agent, o	or dotn,
SIGNATU						
	Electro	nic Signature of Registered A	∖gent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD ( SRIVASTAVA, 160 TECHNOL CANONSBURG	OGY DRIVE	Title: Name: Address: City-St-Zip:	•	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( MASON, ROB 160 TECHNOL CANONSBUR	OGY DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( HOILLAND, M. 160 TECHNOL CANONSBUR	LOGY DRIVE	Title: Name: Address: City-St-Zip:	HOLLAND, M 160 TECHNO	(X) Change()Addition IARYANN DLOGY DRIVE RG, PA 15317	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	SHARMA, AR 160 TECHNO	( ) Change (X) Addition VIND DLOGY DRIVE RG, PA 15317	

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: RAJEEV SRIVASTAVA **PCD** 04/27/2004