2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# F98000001071

Entity Name: NESS NA, INC.

Current Principal Place of Business:

160 TECHNOLOGY DRIVE
CANONSBURG, PA 15317

New Principal Place of Business:

Current Mailing Address:

160 TECHNOLOGY DRIVE
CANONSBURG, PA 15317

New Mailing Address:

FEI Number: 23-2920053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCD ( ) Delete
Name: SAMANT, SHASHANK
Address: 2001 GATEWAY PLACE STE 610 W
City-St-Zip: SAN JOSE, CA 95110

Title: V ( ) Delete
Name: MASON, ROBERT A
Address: 160 TECHNOLOGY DRIVE
City-St-Zip: CANONSBURG, PA 15317

Title: SEC ( ) Delete
Name: WRIGHT, DREW
Address: 3 UNIVERSITY PLAZA
City-St-Zip: HACKENSACK, NJ 076016223

Title: TR ( ) Delete
Name: PRASANNA, CKC
Address: 80 DESCANDO DR #1232
City-St-Zip: SAN JOSE, CA 95134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: DR ( ) Change (X) Addition
Name: GERLITZ, SACHI
Address: 3 UNIVERSITY PLAZA, SUITE 600
City-St-Zip: HACKENSACK, NJ 07601 US

Title: DR ( ) Change (X) Addition
Name: SEGEV, OFER
Address: 3 UNIVERSITY PLAZA, SUITE 600
City-St-Zip: HACKENSACK, NJ 07601 US

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: ROBERT A MASON V 04/25/2008

Electronic Signature of Signing Officer or Director Date