

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001071

Entity Name: NESS NA, INC.

FILED
Mar 19, 2009
Secretary of State

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RIPLEY-BOYD, HOLLY
Address: 25 MALL ROAD, SUITE 300
City-St-Zip: BURLINGTON, MA 01803

Title: VP (X) Change () Addition
Name: NAGARAJAN, RAJA
Address: 226 AIRPORT PKWY; SUITE 470
City-St-Zip: SAN JOSE, CA 95110

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

Title: TR (X) Change () Addition
Name: KATZ, MIKI
Address: 3 UNIVERSITY PLAZA
City-St-Zip: HACKENSACK, NJ 07601

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 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: MIKI KATZ

SVP

03/19/2009

Electronic Signature of Signing Officer or Director

Date