## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000005869

FILED Mar 20, 2009 Secretary of State

Entity Name: IBM INDIA PRIVATE LIMITED, INC.		
Current Principal Place of Business:	New Principal Place of Business:	
3039 CORNWALLIS ROAD DEPT 1T8A, BLDG 201, K105A DURHAM, NC 27709 US		
Current Mailing Address:	New Mailing Address:	
P.O. BOX 12195 DURHAM, NC 27709 US		
FEI Number: 52-2061430 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US		
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,	
SIGNATURE:		
Electronic Signature of Registered Ag	gent Date	
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: P ( ) Delete Name: ANNASWAMY, SHANKER	Title: P (X) Change ( ) Addition Name: ANNASWAMY, SHANKER	

Name:

BANNERGHATTA MAIN ROAD Address: BANNERGHATTA MAIN ROAD Address: City-St-Zip: BANGALORE, INDIA, City-St-Zip: BANGALORE, IN 560066 IN

Title: () Delete Title: (X) Change ( ) Addition

SHARMA, AMIT KHATU, SATISH Name: Name: Address: BANNERGHATTA MAIN ROAD Address: #2 LEONIE HILL ROAD BANGALORE, INDIA, SINGAPORE, IN 239192 SP City-St-Zip: City-St-Zip:

Title: () Change () Addition Title: ( ) Delete

BHAT, P.K. Name: Address: 3039 CORNWALLIS ROAD Address: City-St-Zip: DURHAM, NC 27709 US 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: BRIAN A DRISKELL **CPA** 03/20/2009