

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90183 006 ****50.00

DOCUMENT # M02000001634

1. Entity Name
CAPGEMINI KANSAS CITY SERVICE CENTER, LLC



Principal Place of Business
**3315 N. OAK TRAFFICWAY, DEPT 316
KANSAS CITY, MO 64116**

Mailing Address
**750 7TH AVE
18TH FL
NEW YORK, NY 10019**

20023319

2. Principal Place of Business

3. Mailing Address
750 Seventh Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
17th Floor

02272006 Chg-LLC CR2E083 (11/05)



City & State

City & State
New York, NY

4. FEI Number
43-1780395

Applied For
Not Applicable

Zip

Country

Zip
10019

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAPGEMINI US LLC
5 TIMES SQUARE
NEW YORK, NY 10036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Capgemini U.S. LLC
750 Seventh Avenue
New York, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eve B. Bolkin* by: Capgemini U.S. LLC, member
by: Eve B. Bolkin, Assistant Secretary 3/16/2006 (212) 314-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #