

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000003442

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: IGATE GPO, LLC

## Current Principal Place of Business:

1000 COMMERCE DRIVE, PARKRIDGE ONE  
PITTSBURGH, PA 15275

## New Principal Place of Business:

## Current Mailing Address:

1000 COMMERCE DRIVE, PARKRIDGE ONE  
PITTSBURGH, PA 15275

## New Mailing Address:

FEI Number: 65-1195615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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: LEXISNEXIS DOCUMENT SOLUTIONS INC

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: SETHI, AMIT  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

Title: MGRM (X) Delete  
Name: CYRIAC, MATHEW  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

Title: MGRM ( ) Delete  
Name: DAUGHERTY, DANIEL  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

Title: MGRM ( ) Delete  
Name: TRIVEDI, ASHOK  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

Title: MGRM ( ) Delete  
Name: WADHWANI, SUNIL  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

## ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition  
Name: PRASAD, RAM S TREASUR  
Address: 1000 COMMERCE DRIVE, PARKRIDGE ONE  
City-St-Zip: PITTSBURGH, PA 15275

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 is true and accurate and that my electronic 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: RAM S PRASAD

TREA

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date