

MO3 000003442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

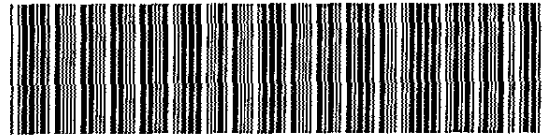
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
OCT 10 2003
MICHIGAN STATE
UNIVERSITY
LANSING, MI 48226

MO3-3442
JR



Cornerstone Support, Inc.

Florida Secretary of State
Secretary of State
409 East Gaines St.
Tallahassee, FL 32399

Monday, October 06, 2003

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for iGATE GPO, LLC. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to:
Cornerstone Support, Inc.
Attn: Renae Bryan
16 Norcross St.
Suite 101
Roswell, GA 30075.

Sincerely,

Renae Bryan
Licensing Specialist
Cornerstone Support, Inc.

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OCT 06 11 21 AM
TALLAHASSEE FLORIDA



1000 Commerce Drive, Suite 500, Pittsburgh, PA 15275
tel: 412.506.1131 fax: 412.494.9272 www.igatecorp.com

May 1, 2003

Dear Valued Vendor:

The Internal Revenue Service requires that certain payees be provided with a Form 1099 (Annual Information Return) for payments received during a calendar year. To comply with this regulatory requirement, we need certain information from you to determine whether or not you should be issued a Form 1099 for payments made to you during the calendar year 2003. For your convenience, we have attached a form, which upon completion will provide us all necessary information. Please complete this form and remit it as soon as possible to:

IGate Corporation
Attn.: Ms. Darlene Nolte
Suite 500
1000 Commerce Drive
Pittsburgh, Pa 15275

Fax: 412-490-5523

According to IRS regulations, if we do not receive this information, we are required to withhold 30% of all payments made to you and forward these moneys to the IRS in your behalf. We will hold all payments to you until this required information is received, thus eliminating the need to withhold the 30%.

Feel free to call me at 412-490-7980 should you have any questions.

Sincerely yours,

Darlene Nolte
Accounts Payable Supervisor



1000 Commerce Drive, Suite 500, Pittsburgh, PA 15275
tel: 412.506.1131 fax: 412.494.9272 www.igatecorp.com

Sec. of State - FL

IGate Corporation Required IRS Vendor Information

I am a vendor supplying a service or product to the following iGate Company(s)
(please check below):

- iGate Corporation 0000001090
- Symphoni, Inc.
- Global Financial Services, Inc. (GFS)
- Mascot Systems, Inc.
- e-Jiva, Inc.
- iGate Mastech, Inc. (formerly Mastech Emplifi)
- iGate Clinical Research Management

My organizational structure and taxpayer identification number is as indicated below:

	Company/Individual Type	Taxpayer Identification Number (SS/FED)
1. ()	Corporation (Incorporated)	_____
2. ()	Government Entity or Utility Co. (Needed for informational purpose only)	_____
3. ()	Partnership	_____
4. ()	Sole Proprietorship	_____
5. ()	Independent Contractor	_____
6. ()	Other - Please Explain _____	_____

NOTE: If the TIN number provided is a Social Security number and it does not agree with the name of the company that will appear on the Form 1099, please provide the full name and address of the individual possessing the social security number:

Name: _____
 Address: _____
 Address: _____
 Address: _____

Information provided by: (signature needed) _____
 I'm an U.S. person (including an U.S. resident alien)
 Date: _____ Title: _____

Please complete the information below (even if you have previously provided this information) and return this entire form **AS SOON AS POSSIBLE** to:

IGate Corporation
Attn: Darlene Nolte
1000 Commerce Drive
5th Floor
Pittsburgh, PA 15275
Fax to 412-490-5523

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. iGATE GPO, LLC
(Name of foreign limited liability company)

2. PA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-1195615 (FEI number, if applicable)

4. 6/26/03 (Date of Organization)
5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1000 Commerce Drive, Parkridge One
Pittsburgh PA 15275
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

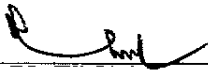
9. The name and usual business addresses of the managing members or managers are as follows:

See Attached list

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Debt Collections


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GOPAL KRISHNAMURTHI

Typed or printed name of signee

REC-1-9-11-03
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT & REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

IGATE GPO, LLC

2. The name and the Florida street address of the registered agent and office are:

LexisNexis Document Solutions Inc.

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.

Kayla Webb, Asst Secretary
(Signature)

\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**IGATE GPO, LLC
LIST OF OFFICER**

PRESIDENT

Vikram Kumar Sharma
1000 Commerce Drive, Parkridge One
Pittsburgh PA 15275
412-506-1131

VICE PRESIDENT

Gopal Krishnamurthi
1000 Commerce Drive, Parkridge One
Pittsburgh PA 15275
412-506-1131

TREASURER

Gopal Krishnamurthi
1000 Commerce Drive, Parkridge One
Pittsburgh PA 15275
412-506-1131

SECRETARY

Daniel Daugherty
1000 Commerce Drive, Parkridge One
Pittsburgh PA 15275
412-506-1131

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

September 30, 2003

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

IGATE GPO, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Pertha C. Contas

Secretary of the Commonwealth