2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# M05000003123

Entity Name: GENPACT PROCESS SOLUTIONS LLC

Current Principal Place of Business:

40 OLD RIDGEBURY RD
3RD FLOOR
DANBURY, CT 06810 US

New Principal Place of Business:

Current Mailing Address:

40 OLD RIDGEBURY RD
3RD FLOOR
DANBURY, CT 06810 US

New Mailing Address:

FEI Number: 25-1850028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	SILVERS, EILEEN	
Address:	20 MOUNTAIN PEAK RD	
City-St-Zip:	CHAPPAQUA, NY 10514 US	
Title:	TRES	( ) Delete
Name:	PFAFF, EDWARD	
Address:	7 HAMLIN COURT	
City-St-Zip:	BROOKFIELD, CT 06804 US	
Title:	VP	( ) Delete
Name:	WHITE, HEATHER	
Address:	441 W 24TH STREET	
City-St-Zip:	NEW YORK, NY 10011 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	HALL, MARY	
Address:	1418	
City-St-Zip:	MONROE, CT 06468 US	
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: MARY HALL TRES 04/26/2007

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