2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000003123

1. Entity Name
GENPACT PROCESS SOLUTIONS LLC

Principal Place of Business	Mailing Address
40 OLD RIDGEBURY RD 3RD FLOOR DANBURY, CT 06810 US	40 OLD RIDGEBURY RD 3RD FLOOR DANBURY, CT 06810 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

6UU25b51

04102008   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
25-1850028	Not Applicable

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE PRES NAME SILVERS, EILEEN STREET ADDRESS 20 MOUNTAIN PEAK RD CITY-ST-ZIP CHAPPAQUA, NY 10514	☒ Delete	TITLE *Senior Vice President* NAME *Victor Guaglianone* STREET ADDRESS *7 Nawthorne Road* CITY-ST-ZIP *Old Greenwich CT 06870*	☒ Change ☐ Addition
TITLE TRES NAME HALL, MARY STREET ADDRESS 1418 CITY-ST-ZIP MONROE, CT 06468	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME WHITE, HEATHER STREET ADDRESS 441 W 24TH STREET CITY-ST-ZIP NEW YORK, NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE *VP* NAME *Juan Ferrata* STREET ADDRESS *15 Taconic Road* CITY-ST-ZIP *Greenwich CT 06830*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mary Hall*   Mary E. Hall Treasurer   4/15/08   203-730-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #