

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40259

FILED
Jan 13, 2010
Secretary of State

Entity Name: CGI INFORMATION SYSTEMS AND MANAGEMENT CONSULTANTS PRIVATE LIMITED, INC.

Current Principal Place of Business:

1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 58-1992431 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: ANDERSON, R. DAVID
Address: 1130 SHERBROOKE ST. WEST, 7TH FLOOR
City-St-Zip: MONTREAL, QC, CANADA, VA H3A2M8 OC

Title: D
Name: MOREA, DONNA S
Address: 11325 RANDOM HILLS ROAD
City-St-Zip: FAIRFAX, VA 22030 US

Title: VP
Name: GUPTA, HIMADRI
Address: E. CITY TOWER 2, NO. 95/1 & 95/2
City-St-Zip: BANGALORE, INDIA, VA 56010 OC

Title: D
Name: ROACH, MICHAEL E
Address: 1130 SHERBROOKE ST. WEST
City-St-Zip: MONTREAL, QC, VA CANADA OC

Title: SE
Name: MASSE, DAVID G
Address: 1130 SHERBROOKE ST. WEST
City-St-Zip: MONTREAL, QC, VA CANADA OC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID G. MASSE

SE

01/13/2010

Electronic Signature of Signing Officer or Director

Date