

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000000052

**Entity Name:** BIRLASOFT INC.**Current Principal Place of Business:**379 THORNALL STREET  
12TH FLOOR  
EDISON, NJ 08837**Current Mailing Address:**379 THORNALL STREET  
12TH FLOOR  
EDISON, NJ 08837 US**FEI Number:** 22-3394773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIRLA, AMITA  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            DIRECTOR  
Name            BIRLA, CHANDRAKANT  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            DIRECTOR  
Name            CHOWDHURY, ANINDITA  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            CHAIRMAN OF THE BOARD  
Name            BIRLA, AMITA  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            DIRECTOR  
Name            KILLAWALA, NIDHI  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            SECRETARY  
Name            NANGIA, INDU  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            TREASURER  
Name            NANGIA, INDU  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

Title            DIRECTOR  
Name            KEJRIWAL, SHYAM  
Address        379 THORNALL STREET  
                  12TH FLOOR  
City-State-Zip: EDISON NJ 08837

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*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:** INDU NANGIA**SECRETARY****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GUHA, ANGAN
Address	379 THORNALL STREET 12TH FLOOR
City-State-Zip:	EDISON NJ 08837