

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - (FORM MUST BE TYPED OR PR	March I • Fills	NUAL REPOR' ig Fee: \$50.00	T FOR THE YE	AR200)5	
1 Corporate ID No. 2. Name of Corporation 112391 TATA AMERICA INTERNATIONAL CORPORATION						
3. Street Address Principal Busines 101 PARK	AVENUE		Gity NEW YO	RV State NY	Z4 10178	
4. Business Phone No. 212 - 557 - 5		5. State of Incorporation NEW YORK			6. SIG Gode 7872	
	NOLOGY RELALTED (CONSULTANCY SERVIC			7072	
8_NAMES.AND_ADDRESSE President Name F · K ·	s-of- the officers Kavara		Vice President Name	A UDREY C		
24 Homs	MODY ST		Street Address			
Chy MUMBAI	State	A00 001	CAY NEW YOR	ex state NY	Zip 10178	
Secretary Name Au	DREY C. 1	nopy	Treasurer Name A	UDREY C.		
		UE 26th FL	· Stront Addrese	ARK AVENUE		
9. NAMES AND ADDRESSES	1 ' - 1	S: ("X" BOX FOR ATT	NEW YOR	RK State NY	²⁴⁰ 10178	
DIRCOT Name	KOHLI		Director Name	IN SPACES BEFORE USIN	NG AITACHMENTS	
AIR LNDIA 1	3LDG, NA	RIMAN POINT	Street Address			
MUMBA1 Director Name	State	21p 400 021	City	State	Ζφ	
Siran Address			Director Name	•		
City			Street Address			
	State		City	State	Zip	
AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ISSUED SHARES	 ("X" BOX FOR ATTACHA	MENT)	
Number of Shares		Par Value	Number of Shares	Class/Sortes	Par Value	
20,000 COMM \$10.00 PAR \	/ALUE		20,000	COMMON	\$10	
This report must be						
	112391	The President. Vice Pre	Under penalty of pe	nnt Secretary, Treasurer, R rjury, I declare and affirm that apanying schedules and states	L have examined this report	
File Date	3-05		contained herein are	true and correct.	1.5.05	
Check No300	784		Signature of Officer AUDREY	C. MODY	Date	
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name o			
			Title of Officer			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

dence, RI 02903-1335 401.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 Corporate ID No 2. Name of Corporation 112391 TATA AMERICA INTERNATIONAL CORPORATION 3 Street Address Principal Business Office 101 4 Bustness Phone No **NEW YORK** 7872 Brief Description of the Character of Business Conducted in Rhode Island INFORMATION TECHNOLOGY RELALTED CONSULTANCY SERVICES. 8-NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address State 7.ф City 7.ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City Director Name Street Address Street Address Cuy State Zip City State 7.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value 20,000 COMM \$10.00 PAR VALUE \$ 10. ~ 20,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury. I declare and affirm that I have examined this report
including any accompanying schedules and statements, and that all statement
contained herein are true and correct.

Anne C. Race.		3.15.04.
Signature of Officer		• Date

Audsey C. may

____Vice Poesident



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.

2. Name of Corporation

112391

TATA AMERICA INTERNATIONAL CORPORATION

3.	Street	Addi	ess	Prir	1611	pal
	10		5	~	,	.1

Business Office 101 Park Avenue, 26/5 Pl

New York

4 Business Phone No.

5. State of Incorporation

6. SIC Code

212-557-8938

NEW YORK

7872

7. Brief Description of the Character of Business Conducted in Rhode Island

IT selated consultancy services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Vice President Name

Audrey c mody

Kavarana F.K. Street Address

101 Pask Avenue, 26th Pl.

24 Homi Mody Street

N/Audrey C. Mady 101 Park Avenue 26th FI.

Treasurer Name

Street Address

New York state NY

State

 Z_{1p}

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

F.C. Kohli Street Address

mody Street

Street Address

City

State

Lie

Director Name

Street Address

City

Street Address City

Director Name

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

Lip

ISSUED SHARES

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares

Class/Series

20,000 COMM \$10.00 PAR VALUE

20,000

Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

A udrey

Title of Officer -:€²}>- 5

Form 639 12/92



Class/Series

20,000

Edward S. Inman, III, Secretary of State Corporations Divition 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORF	PORATION v 1-March 1 •	ANNUAL RE	PORT FOR 1	ГНЕ YEAR <u>20</u>	STOP
(FORM MUST BE TYPED IN BL)	ACK)				INSTRUCTIO:
1. Corporate ID No.	2. Name of Corporation	on _			
112341'	Tata 1	America In	texpotional	Cooposation	
3. Street Address Principal Business	Office	1,00,00 21)	City	State	715
101 Pook A	renup		New York	c "NY	10178.
4. Business Phone No.		5. State of Incorporation			
212.557-80		New	YORK.		6. SIC Code 7872 •
7. Brief Description of the Characte	r of Business Conducted in I	Rhode Island	• -		
_ Lndormation	n_Technol	ogy related	concrete	nuy Source	2'
O. INVINES WIND WINDKES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACL		CES BEFORE USING ATTA	
Piesident Name			Vice President Name	OLD BEI ORE USING AT IA	CUMEAIZ
R.K. Kav	a rong.		Audx	ey c. mady	
Street Address			Street Andress	7	•
24/40mi mi	ody St		101 F	Park Avenue	?,
Mumbai	State	400021.	City		
indinaza	India	4000011	Newyo	ort state NY	zip 60178.
Secretary Name	^ • •		Trensurer Name	•	
nudrey	C. mod	4			
Street Address Dank	2 Avenue	A	Street Address		
			•		
New York	State	zip 10178.	City	State	Zip
	,				•
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SP	ACES BEFORE USING ATTA	ACHMENTS
	Kohli		Director Name		
C					
24 Homi 1	Dody So	/	Street Address		
24 Horsi' Mumbeu'	100 g G	***			
Mumber!	India	(000801	City	State	Zip
Director Name	Incury	400821			
			Director Name	•	•
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City	State	Zip	Cu.		
			City	State	Zip
10. SHARES AUTHORIZED) ("X" BOX FOR ATT≜CH	-· .	11 SUADEC TECTO	D (ava	
AUTHORIZED SHARES	· oi. ii. inch	remining.	ISSUED SHARES ISSUE	D ("X" BOX FOR ATTACHMENT.)
Number of Shares	Class/Series	Par Value	M. A. A.		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

\$ 10. 20,000

Number of Shares

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
2.25.02	that all statements contained herein are true and correct.
// / /	Signature of Officer Page
Check No.:	Audrey C. Mady
8y:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Vice President
	Title of Officer

Class/Series

Common

Par Value

\$ 10.

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001. Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLA	CK)	ing Fee: \$50.00			INSTRUCTIONS
1. Corporate ID No	2. Name of Corporation	DERICA IN	TERNATION	IAL CORPOR	RATION
3 Street Address Principal Business 101 PARK	Office		NEW YOR		10178 -
4. Business Phone No. 212-557	-8038	15. State of Incorporation New	403K.		6. SIC Code 7872.
7 Brief Description of the Character	of Business Conducted in Rho	de Island	<u> </u>	nsulling a rel	
8. NAMES AND ADDRESS			<i>U</i> ,	, ,	
F. K. Kava			Vice President Name	C. Mody	
24 Hom; To	nody Str	od'		ak Avenue	
Mumbai			New York		10178
Secretary Name		-!	Treasurer Name		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	· <u>·</u>	
City	State	Zip	City	State	Ζτρ
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) DFILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
	Kohli		Director Name		
24 Hosni	mody St	ret.	Street Address	<u></u>	
^{Cuy} Mumbai	Îndia	400021	City	State	Z:p
Director Name			Director Name	————···	
Street Address		-,	Street Address		
[] City	State	Zip	City	Sinte	Zip
	i				
10. SHARES AUTHORIZED) (*X* BOX FOR ATTACHN	MENT)			ם ٔ
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20,000	Coorsinos	\$ 10	20000	Choss/Series	2 10.
	(003320700)			Co www.	- . <u>\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\text{\text{\text{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\til\tint{\text{\text{\text{\text{\text{\tint{\tint{\tint{\tint{\tin}\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tinit{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tinit{\ti}\tint{\tint{\tint{\tint{\tint{\tint{\tinit{\tinit{\tinit{\tinit}}}\tint{\tint{\tinit{\tiin}\tint{\tinitht{\tinit{\tiin}\tinith{\tiin}\tint{\tiin}\tint{\tiin}\tiit{\tiint{\tiin}\tiithtint{\tii}\tint{\tiint{\tiin}\tiitht{\tiin}\tiithtit{\tiint{\tiin}\tiithi</u>
The		<u> </u>	<u>. L</u>		
This report must be signe		he President, Vice P	resident, Secretary, Ass	istant Secretary, Treasure	r, Receiver or Trustee
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	N 25 2002	305		erjury, I declare and affirm ti ng any accompanying schedi	
70 UN IS	TO THE IN	<u>πα φο 11 - 11 33</u> 0		contained herein are true an	d correct
File Date: 70. 17 15			Done (CRod 11	/30/2001
Check No.: (3.1.1)	- 14 (2010 12 - 37A - 14 (2010 12 - 37 A	でいる。 19 19 19 19 19 19 19 19 19 19 19 19 19 1	Signature of Officer AUDS	ey C. mody	Date
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEOUL	BEOEINED	Print or Type Name of C	<u> </u>	

Docsident'

Dice of Officer