

1.) CORPORATION NAME:

AXA BUSINESS SERVICES PRIVATE LIMITED

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALS VA, LLC
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1723909**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	37,500,000
PREFER	62,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SJR Plaza Municipal No.1 29th Main Rd.,
BTM 1st Stage Bangalore Karnataka 560068

CITY/ST/ZIP: FOREIGN, India

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOINA PALICI-CHEHAB	
TITLE:	PRESIDENT	
ADDRESS:	7 WEST END 29	
	BANGALORE,,,INDIA	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RAVINDRA DHUPKAR	
TITLE:	SECRETARY	
ADDRESS:	1835/1/1 SADASHIV PETH, DERSHMUKHWADI, MADHUB	
	PUNE,,,INDIA	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANOOP JAIN	
TITLE:	TREASURER	
ADDRESS:	611 RANKA COURT, 18 CAMBRIDGE ROAD	
	ULSOOR BANGALORE	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHASHWATA BANERJEE	
TITLE:	CEO	
ADDRESS:	FTA 201 EXCALIBER 40 CHARLES CMAPBELL RD	
	BANGALORE,,,INDIA	
CITY/ST/ZIP/CO:	, , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SANJAY ADHICARY	
TITLE:	DIRECTOR	
ADDRESS:	ROHAN NILAY SRNO 11/1, 11/2 NR SPICER SCHOOL	
	AUNDH,,,INDIA	
CITY/ST/ZIP/CO:	, , FN	

NAME: VENKATESWARA PRASAD GANTI TITLE: DIRECTOR ADDRESS: CLOVER ACROPOLIS SN-198, HN 2/1+2/2 FL-623 D2 PUNE,,411014,INDIA CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD TAGGART TITLE: DIRECTOR ADDRESS: 151 SHORE RD, CITY/ST/ZIP/CO: OLD GREENWICH, VA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WENDY THORPE TITLE: DIRECTOR ADDRESS: 6, ERITH LANE, CITY/ST/ZIP/CO: KALORAMA,VIC,3766,AUSTRALIA , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VERONIQUE WEILL TITLE: DIRECTOR ADDRESS: 7, RUE DE MEDICIS, CITY/ST/ZIP/CO: PARIS,,75006,FRANCE , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ RAVINDRA DHUPKAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RAVINDRA DHUPKAR, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/10/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		