

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211513696

1.) CORPORATION NAME:

MphasiS Limited

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

RALS VA LLC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

DUE DATE: **6/30/2011**

SCC ID NO: **F1827163**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	245,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **BAGMANE TECHNOLOGY PARK,BYRASANDRA,CV RAMAN N
AGAR,BANGALORE KARNATAKA,INDIA**

CITY/ST/ZIP: , -

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.

NAME: A SIVARAM NAIR OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: BAGMANE TECHNOLOGY PARK,BYRASANDRA,CV RAMAN N
AGAR,BANGALORE KARNATAKA,INDIA
CITY/ST/ZIP/CO: , -,

NAME: BALU GANESH AYYAR OFFICER DIRECTOR
TITLE: CEO
ADDRESS: BAGANE TECHNOLOGY PARK,BYRASANDRA,CV RAMAN NA
GAR,BANGALORE KARNATAKE,INDIAN
CITY/ST/ZIP/CO: , -,

NAME: GANESH MURTHY OFFICER DIRECTOR
TITLE: CFO
ADDRESS: BAGMANE TECHNOLOGY PARK ,BYRASANDRA,CV RAMAN
NAGAR,BANGALORE KARNATAKA,INDIA
CITY/ST/ZIP/CO: , -,

NAME: NAWSHIR H MIRZA OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 117 MITTAL TOWER, 'B' WING, 11TH FLR, 210, NA
CITY/ST/ZIP/CO: RIMAN POINT, MUMBAI, 400021-, INDIA

NAME: PRAKASH JOTHEE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3000 HANOVER STREET, MS 1032
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVINDER SINGH BRAR DIRECTOR 307-309, THIRD FLR, BPTP PARK CENTRA (OPP. 32 GURGAON, HARYANA, 122001-, INDIA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. FRIEDRICH FROESCHL DIRECTOR BOMHARDSTRASSE 6 GRUENWALD, 82031-, GERMANY	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCESCO SERAFANI DIRECTOR UEBERLANDSTRASSE 1, CH 8600 GRUENWALD, 82031-, GERMANY	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUERGEN REINERS DIRECTOR HERRENBERGER STRASSE 140, MAILSTOP GBS BÖBLINGEN, 71034-, GERMANY	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BALU DORAISAMY DIRECTOR 450 ALEXANDRA ROAD SINGAPORE, 119960-, SINGAPORE	<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/ A SIVARAM NAIR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	A SIVARAM NAIR, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/27/2011 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.		