

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214533145

1.) CORPORATION NAME:

MphasiS Limited

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALS VA LLC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

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 WORLD TECHNOLOGY CENTER MARATHALLI
RING ROAD DODDANAKHUNDI VILLAGE BANGALORE 560

CITY/ST/ZIP: MAHADEVAPURA, 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 checked="" type="checkbox"/> DIRECTOR
NAME:	BALU GANESH AYYAR	
TITLE:	PRESIDENT	
ADDRESS:	BAGMANE WORLD TECH CTR MARATHALLI RING RD	
CITY/ST/ZIP/CO:	MAHADEVAPURA BANGALORE, 560048, IN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SURYANARAYANAN V	
TITLE:	TREASURER	
ADDRESS:	BAGMANE WORLD TECH CTR MARATHALLI RING RD	
CITY/ST/ZIP/CO:	MAHADEVAPURA BANGALORE, 560048, IN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	A SIVARAM NAIR	
TITLE:	SECRETARY	
ADDRESS:	BAGMANE WORLD TECH CTR MARATHALLI RING RD	
CITY/ST/ZIP/CO:	MAHADEVAPURA BANGALORE, 560048, IN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR. FRIEDRICH FROESCHL	
TITLE:	DIRECTOR	
ADDRESS:	BOMHARDSTRASSE 6, GRUENWALD	
CITY/ST/ZIP/CO:	, 82031, DE	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES MARK MERRITT	
TITLE:	DIRECTOR	
ADDRESS:	NO.450 ALEXANDRA ROAD	
CITY/ST/ZIP/CO:	, 119960, SG	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVINDER SINGH BRAR	
TITLE:	DIRECTOR	
ADDRESS:	307-309,3F SECTOR 30 VILL SILOKHRA	
CITY/ST/ZIP/CO:	GURGAON, HARYAN 122001, IN	

NAME: CHANDRAKANT PATEL TITLE: DIRECTOR ADDRESS: 1501 PAGE MILL ROAD CITY/ST/ZIP/CO: PALO ALTO, CA 94304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NARAYANAN KUMAR TITLE: DIRECTOR ADDRESS: THE SANMAR GP 9, CATHEDRAL RD CITY/ST/ZIP/CO: CHENNAI, 600086, IN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAKSHMIKANTH K ANANTH TITLE: DIRECTOR ADDRESS: 3000 HANOVER ST CITY/ST/ZIP/CO: PALO ALTO, CA 94304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHANKAR MAITRA TITLE: DIRECTOR ADDRESS: 438B ALEXANDRA RD. #07-05/12 CITY/ST/ZIP/CO: , 119968, SG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEFAN ANTONIO LUZ TITLE: DIRECTOR ADDRESS: 200 BUTTERFIELD RD., SUITE 700 CITY/ST/ZIP/CO: DOWNER, IL 60515	<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	6/26/2014 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.		