

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213516592

1.) CORPORATION NAME:

**ExlService Holdings, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**A.G**

**4701 COX RD STE 301**

SCC ID NO: **F1856766**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Floor 38th, 280 Park Avenue

CITY/ST/ZIP: New York, NY 10017

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:	ROHIT KAPOOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	280 PARK AVE 38TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	AMIT SHASHANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	280 PARK AVENUE 38TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	VISHAL CHHIBBAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	A-48, Sector-58		
CITY/ST/ZIP/CO:	Noida, UP, India 201301, IN		

NAME:	KIRAN KARNIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	280 PARK AVE 38TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	DAVID KELSO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	280 PARK AVE 38TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	MOHANBIR SAWHNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	280 PARK AVE 38TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME: GAREN STAGLIN TITLE: DIRECTOR ADDRESS: 280 PARK AVE 38TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: VIKRAM TALWAR TITLE: DIRECTOR ADDRESS: 280 PARK AVE 38TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ AMIT SHASHANK	AMIT SHASHANK, SECRETARY	4/3/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.