

1.) CORPORATION NAME:

Capgemini Financial Services USA Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN ST**

SCC ID NO: **F1863721**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6400 SHAFER CT STE 100

CITY/ST/ZIP: ROSEMONT, IL 60018

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: | THIERRY DELAPORTE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 623 FIFTH AVE 33RD FL | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10022 | | |

| | | | |
|-----------------|------------------------------|---------------------------------------------|-----------------------------------|
| NAME: | AMIT CHOUDHURY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 623 FIFTH AVENUE, 33RD FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10022 | | |

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|-----------------|--------------------------|---------------------------------------------|-----------------------------------|
| NAME: | EVE BOLKIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 623 FIFTH AVE 33RD FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10022 | | |

| | | | |
|-----------------|--------------------------|---------------------------------------------|-----------------------------------|
| NAME: | MICHAEL CHAYET | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 623 FIFTH AVE 33RD FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10022 | | |

| | | | |
|-----------------|-----------------------|---------------------------------------------|-----------------------------------|
| NAME: | ROBERT COWELL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | OFFICER | | |
| ADDRESS: | C/O 400 BROADACRES DR | | |
| CITY/ST/ZIP/CO: | BLOOMFIELD, NJ 07003 | | |

| | | | |
|-----------------|------------------------|----------------------------------|----------------------------------------------|
| NAME: | AIMAN EZZAT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6400 SHAFER CT STE 100 | | |
| CITY/ST/ZIP/CO: | ROSEMONT, IL 60018 | | |

| | | | |
|-----------------|------------------------------|----------------------------------|----------------------------------------------|
| NAME: | JACK DUGAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6400 SHAFER COURT, SUITE 100 | | |
| CITY/ST/ZIP/CO: | ROSEMONT, IL 60018 | | |

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/ EVE BOLKIN | EVE BOLKIN, ASST SECRETARY | 6/20/2014 |
| 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.