

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005348 (7)**

1. Corporation Name

**TATA INFORMATION SYSTEMS LIMITED, INC.**



Principal Place of Business

Mailing Address

29000 HWY 98 SUMMIT A  
STE 204  
DAPHNE AL 36526  
US

29000 HWY 98  
SUMMIT A STE 204  
DAPHNE AL 36526  
US

3. Date Incorporated or Qualified <b>10/14/1994</b>	3a. Date of Last Report <b>06/27/1995</b>
4. FEI Number <b>63-1080756</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITING, JOHN R</b>	1.2 NAME	<b>RAO, BANGALORE MADHAVA S</b>
STREET ADDRESS	<b>FLAT NO. 201 PARIJATH BUILDING</b>	1.3 STREET ADDRESS	<b>IBM TOWERS,BAHADUR SHAH ZAFAR RD</b>
CITY-ST-ZIP	<b>BANGALORE, INDIA</b>	1.4 CITY-ST-ZIP	<b>NEW DELHI, INDIA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SINGH, YOGENDRA</b>	2.2 NAME	<b>GUPTA, S M</b>
STREET ADDRESS	<b>325/1 14TH MAIN</b>	2.3 STREET ADDRESS	<b>160 SOMERTOWN ROAD</b>
CITY-ST-ZIP	<b>BANGALOR, INDIA</b>	2.4 CITY-ST-ZIP	<b>OSSINING, NY 10562</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KADLE, PRAVEEN</b>	3.2 NAME	<b>HILL, MICHAEL G</b>
STREET ADDRESS	<b>#9 DOMLUR 2 STAGE</b>	3.3 STREET ADDRESS	<b>8,ORANGE GROVE RD, #1401</b>
CITY-ST-ZIP	<b>BANGALORE, INDIA</b>	3.4 CITY-ST-ZIP	<b>SINGAPORE, 1025</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TATA, RATAN N</b>	4.2 NAME	<b>PRICE, KENT D</b>
STREET ADDRESS	<b>LOWER CALABA ROAD</b>	4.3 STREET ADDRESS	<b>45, ROCK ROAD</b>
CITY-ST-ZIP	<b>BOMBAY, INDIA</b>	4.4 CITY-ST-ZIP	<b>KENTFIELD, CA, 94904</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VYAS, DINESH</b>	5.2 NAME	
STREET ADDRESS	<b>52 MITTAL TOWERS 'A' WING</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAIRMAN POINT, BOMBAY, INDIA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENDESE, D S</b>	6.2 NAME	
STREET ADDRESS	<b>FLAT 23/24</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAMBAY, INDIA</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *M Kadle* (KADLE, PRAVEEN)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/1996 91-80-5262355  
DATE DAYTIME PHONE #

CR2E034 (12/95)