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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000005348 (7)

1. Corporation Name
TATA INFORMATION SYSTEMS LIMITED, INC.



Principal Place of Business 28000 HWY 98 SUMMIT A STE 204 DAPHNE AL 36526 US		Mailing Address 28000 HWY 98 SUMMIT A STE 204 DAPHNE AL 36526-7254 US		3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 03/19/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 63-1080756	Applied For Not Applicable		
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country				

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent			
		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	FL	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 _____ DATE _____
Signature required for post-issuance of registered agent and title. Applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITING, JOHN R	1.2 NAME	MARWAHA, RAVINDRA N
STREET ADDRESS	FLAT NO. 201 PARIJATH BUILDING	1.3 STREET ADDRESS	GOLDEN ENCLAVE, TISL TOWER
CITY- ST- ZIP	BANGALORE, INDIA	1.4 CITY- ST- ZIP	BANGALORE, INDIA 560 017
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGH, YOGENDRA	2.2 NAME	VISHWANATHAN, V
STREET ADDRESS	325/1 14TH MAIN	2.3 STREET ADDRESS	GOLDEN ENCLAVE, TISL TOWER
CITY- ST- ZIP	BANGALOR, INDIA	2.4 CITY- ST- ZIP	BANGALORE, INDIA 560 017
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADLE, PRAVEEN	3.2 NAME	RAO, BANGALORE MADHAVA S
STREET ADDRESS	#9 DOMLUR 2 STAGE	3.3 STREET ADDRESS	IBM TOWERS, 80 ANSON ROAD
CITY- ST- ZIP	BANGALORE, INDIA	3.4 CITY- ST- ZIP	SINGAPORE 0207
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATA, RATAN N	4.2 NAME	SAMENUK, GEORGE
STREET ADDRESS	LOWER CALABA ROAD	4.3 STREET ADDRESS	IBM TOWERS, 80 ANSON ROAD
CITY- ST- ZIP	BOMBAY, INDIA	4.4 CITY- ST- ZIP	SINGAPORE 0207
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VYAS, DINESH	5.2 NAME	PRICE, KENT D
STREET ADDRESS	52 MITTAL TOWERS 'A' WING	5.3 STREET ADDRESS	2-31, ROPPOINGI 3 - CHOME
CITY- ST- ZIP	NAIRMAN POINT, BOMBAY, INDIA	5.4 CITY- ST- ZIP	TOKYO 106 JAPAN
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDSE, D S	6.2 NAME	
STREET ADDRESS	FLAT 23/24	6.3 STREET ADDRESS	
CITY- ST- ZIP	BAMBAY, INDIA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, as changed, or on an attachment with an address.

SIGNATURE: W. V. Vyas (RAYAS, VINAY) 04-29-97 (334) 621-1139
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0493610

CR2E034 (9/96)