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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000002302 (5)**

1. Corporation Name
DUN & BRADSTREET-SATYAM SOFTWARE PRIVATE LIMITED INC

Principal Place of Business	Mailing Address
C/O THE DUN & BRADSTREET CORP 187 DANBURY ROAD WILTON CT 06897	C/O THE DUN & BRADSTREET CORP 187 DANBURY ROAD WILTON CT 06897-4003

3. Date Incorporated or Qualified: 05/07/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o Cognizant Corp.	26 c/o Cognizant Corp.
Suite, Apt. #, etc 22 200 Nyala Farms Road	Suite, Apt. #, etc. 27 200 Nyala Farms Road
City & State 23 Westport, CT	City & State 28 Westport, CT
Zip: 24 06880 Country: 25 USA	Zip: 29 06880 Country: 30 USA

4. FEI Number: 98-0154972 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAJU, C S 226 CATHEDRAL ROAD MADRAS, INDIA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Narayanan, N. Lakshmi Eldams Road Teynampet, Chennai 600 018	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COBURN, GORDON 187 DANBURY ROAD WILTON CT	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Scherb, Jeff 10465 Stanyan Street Alpharetta, GA 60202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAJAGOPALAN, RAMACHANDRAN 226 CATHEDRAL ROAD MADRA, INDIA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Chopra, Chetan 77 Chimbai Road Bandra (W), Mumbai 400 040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MAHADEVA, WIJEYARAJ A 7F WARWICK HOUSE HONG KONG	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	 200 Nyala Farms Road Westport, CT 06880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOENIG, WALTER 1513 WEST BIRCH STREET MCHENRY IL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	 Greief Swalder Street, 7, 63322 Rodemark, Germany	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISCO, DENNIS G 187 DANBURY ROAD WILTON CT	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	 500002152365 -04/23/97--01091--020 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Leslye G. Katz (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leslye G. Katz Treasurer
Date: 4/9/97
Daytime Phone #: (203) 222-4587