FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90088 008 ***150.00

DOCUMENT # F96000002302

1. Corporation Name
COGNIZANT TECHNOLOGY SOLUTIONS INDIA LIMITED COR PORATION

Principal Place of Business	Mailing Address
C/O COGNIZANT CORP. 200 NYALA FARMS ROAD WESTPORT CT 06880	C/O COGNIZANT CORP. 200 NYALA FARMS ROAD WESTPORT CT 06880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/07/1996

4. FEI Number: 98-0154972 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 500 Genpointe Centre West	26
Suite, Apt. #, etc. 22 West	Suite, Apt. #, etc. 27
City & State 23 Teaneck, NJ	City & State 28
Zip / Country 24 07666 25 USA	Zip / Country 29 30

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	VP	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	NARAYANAN, N. LAKSHMI		1.2 NAME	Coburn, Gordon J.	
STREET ADDRESS	226 CATHEDRAL RD		1.3 STREET ADDRESS	500 Glenpointe Centre West	
CITY-ST-ZIP	KARUNAI,KUDIAL,CHENNAI,INDIA 600-086		1.4 CITY-ST-ZIP	Teaneck, NJ 07666	
TITLE	D	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOATTI, STEPHEN J		2.2 NAME	Chandrasekaran, R.	
STREET ADDRESS	200 NYALA FARMS RD		2.3 STREET ADDRESS	226 Cathedral Road	
CITY-ST-ZIP	WESTPORT CT 06880		2.4 CITY-ST-ZIP	Karunai Kudil, Chennai, India 600 086	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	FINKELSTEIN, JARED T		3.2 NAME	Koenig, Walter	
STREET ADDRESS	200 NYALA FARMS RD.		3.3 STREET ADDRESS	500 Glenpointe Centre West	
CITY-ST-ZIP	WESTPORT CT 06886		3.4. CITY-ST-ZIP	Teaneck, NJ 07666	
TITLE	CD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MAHADEVA, WIJEYARAJ A		4. 2 NAME		
STREET ADDRESS	1700 BROADWAY		4.3 STREET ADDRESS	500 Glenpointe Centre West	
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP	Teaneck, NJ 07666	
TITLE	D	☒ DELETE	5.1 TITLE	President/ Director	☐ Change ☒ Addition
NAME	KATZ, LESLYE G		5.2 NAME	Narayanan, Lakshmi	
STREET ADDRESS	200 NYALA FARMS RD.		5.3 STREET ADDRESS	226 Cathedral Road	
CITY-ST-ZIP	WESTPORT CT 06880		5.4 CITY-ST-ZIP	Karunai Kudil, Chennai, India 600 086	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/99 (203) 222-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gordon Coburn, Vice President