# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# F96000002302

**Entity Name:** COGNIZANT TECHNOLOGY SOLUTIONS INDIA LIMITED CORPORATION

**Current Principal Place of Business:**

500 FRANK W. BURR BLVD.
SUITE 50
TEANECK, NJ 07666 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 FRANK W. BURR BLVD.
SUITE 50
TEANECK, NJ 07666 US

**New Mailing Address:**

**FEI Number: 98-0154972** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: NARAYANAN, LAKSHMI
Address: 226 CATHEDRAL RD
City-St-Zip: KURUNAI KUDIL, INDIA, IN 600 086 IN

Title: D ( ) Delete
Name: CHANDRASEKARAN, R
Address: 226 CATHEDRAL RD
City-St-Zip: KARUNAI KUDIL, INDIA, IN 600 086 US

Title: D ( ) Delete
Name: COBURN, GORDON J
Address: 500 FRANK W. BURR BLVD. SUITE 50
City-St-Zip: TEANECK, NJ 07666 US

Title: D ( ) Delete
Name: SCHWARTZ, STEVEN
Address: 500 FRANK W. BURR BLVD SUITE 50
City-St-Zip: TEANECK, NJ 07666 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON COBURN D 03/20/2009

Electronic Signature of Signing Officer or Director — Date