

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002302

Entity Name: COGNIZANT TECHNOLOGY SOLUTIONS INDIA LIMITED CORPORATION**FILED**
Mar 22, 2019
Secretary of State
1679310202CC**Current Principal Place of Business:**5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
CHENNAI, TAMIL NADU 600097**Current Mailing Address:**5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
CHENNAI, TAMIL NADU 600097 IN**FEI Number: 98-0154972****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR
Name RAMAKRISHNAN, CHANDRASEKARAN
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI TAMIL NADU 600097

Title DIRECTOR
Name GOMATAM, SUMITHRA
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI TAMIL NADU 600097

Title DIRECTOR, CFO
Name KOTHANDARAMAN, RAMASESHAN
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI 600097

Title DIRECTOR
Name THIRUMALAI, NARAYANAN
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI 600097

Title DIRECTOR
Name MCLOUGHLIN, KAREN ANNE
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI TAMIL NADU 600097

Title DIRECTOR
Name CHATTERJEE, DEBASHIS
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI TAMIL NADU 600097

Title SECRETARY
Name SRIKRISHNA, DIVYA
Address 5/535 OKKIAM THORAIPAKKAM
OLD MAHABALIPURAM ROAD
City-State-Zip: CHENNAI 600097

I hereby 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 all other like empowered.

SIGNATURE: CHANDRASEKARAN RAMAKRISHNAN**DIRECTOR****03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date