2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# F04000004077

Entity Name: TATA CONSULTANCY SERVICES LIMITED INC.

Current Principal Place of Business:

101 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10178

New Principal Place of Business:

Current Mailing Address:

101 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10178

New Mailing Address:

FEI Number: 98-0429806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAKRABORTY, ANIRBAN
1903 S. CONGRESS AVENUE, SUITE 380
BOYTON BEACH, FL 33426 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:	S	( ) Delete
Name:	RAJADHYAKSHA, S H	
Address:	11TH FLOOR, AIR INDIA BLDG., NARIMAN POINT	
City-St-Zip:	MUMBAI 400021, INDIA,	
Title:	D	( ) Delete
Name:	TATA, RATAN NAVAL	
Address:	163 LOWER COLABA ROAD	
City-St-Zip:	MUMBAI 400 005, INDIA,	
Title:	D	( ) Delete
Name:	RAMADORAI, S	
Address:	8 WORLI SEAFACE	
City-St-Zip:	MUMBAI, INDIA,	
Title:	D	( ) Delete
Name:	MEHTA, AMAN	
Address:	4/7 SHANTI NIKETAN	
City-St-Zip:	NEW DELHI, INDIA,	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	O	( ) Change (X) Addition
Name:	HEGDE, SATYANARAYAN S	
Address:	101 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10178	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SATYANARAYAN S. HEGDE O 02/16/2005

Electronic Signature of Signing Officer or Director — Date