2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F05000003880

Entity Name: INFOSYS CONSULTING, INC.

Current Principal Place of Business:

6607 KAISER DRIVE
FREMONT, CA 94555

New Principal Place of Business:

Current Mailing Address:

6607 KAISER DRIVE
FREMONT, CA 94555

New Mailing Address:

FEI Number: 20-1007921 **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: CEOD ( ) Delete
Name: PRATT, STEPHEN
Address: 6807 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555

Title: D ( ) Delete
Name: COLE, PAUL
Address: TWO ADAMS PLACE
City-St-Zip: QUINCY, MA 02189

Title: D ( ) Delete
Name: MING-HIE TSAL, STEPHEN
Address: TWO ADAMS PLACE
City-St-Zip: QUINCY, MA 02189

Title: C ( ) Delete
Name: MURTHY, N.R. NARAYANA
Address: ELECTRONIES CITY, HOSUR ROAD
City-St-Zip: BANGALORE 561 229 INDIA, XX

Title: D ( ) Delete
Name: PRADHAN, BASAB
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555

Title: D ( ) Delete
Name: GOPALKRISHNAN S.,
Address: ELECTRONICS CITY, HOSUR ROAD
City-St-Zip: BANGALORE 561 229 INDIA, XX

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: AVP (X) Change ( ) Addition
Name: SUDHIR, PAI
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUDHIR PAI AVP 04/28/2006

Electronic Signature of Signing Officer or Director Date