

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2008 8:00 am  
Secretary of State**

05-01-2008 90252 029 \*\*\*150.00

DOCUMENT # F05000003880



1. Entity Name  
INFOSYS CONSULTING, INC.

Principal Place of Business  
6607 KAISER DRIVE  
FREMONT, CA 94555

Mailing Address

6607 KAISER DRIVE  
FREMONT, CA 94555

40091872



04212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-1007921

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: CEO  
NAME: PRATT, STEPHEN  
STREET ADDRESS: 6607 KAISER DRIVE  
CITY-ST-ZIP: FREMONT, CA 94555

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE: AVP  
NAME: PAI, SUDHIR  
STREET ADDRESS: 6607 KAISER DRIVE  
CITY-ST-ZIP: FREMONT, CA 94555

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

AVP  
PROVEEN BHAT  
6607 KAISER DR  
FREMONT, CA 94555

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** APR

STEPHEN R. PRATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 08

Date

Daytime Phone #