

F1200004401

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 10/26

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION COGNIZANT BUSINESS SERVICES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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October 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: COGNIZANT BUSINESS SERVICES CORPORATION
REF: W12000055084

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H12000258187
Letter Number: 912A00026388

RE-SUBMIT
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date of submission 10/26

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COGNIZANT BUSINESS SERVICES CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GEORGE COLLISHAW - GLOBAL TAX DEPT.

Name of Person

COGNIZANT BUSINESS SERVICES CORPORATION

Firm/Company

500 FW BURR BLVD, 3F

Address

TEANECK, NJ 07666

City/State and Zip code

george.collishaw@cognizant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE COLLISHAW

Name of Person

at (201) 678-2706

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. COGNIZANT BUSINESS SERVICES CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 46-1121529

(FEI number, if applicable)

4. 10/02/2012

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 FW BURR BLVD. 3F, TEANECK, NJ 07666

(Principal office address)

SAME

(Current mailing address)

8. BUSINESS & IT CONSULTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By:

Katie Szramek

Katie Szramek
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Rajeev Mehta

Address: 500 FW BURR BLVD. 3F

TRANECK, NJ 07666

Vice President: James Yu

Address: 500 FW BURR BLVD. 3F

TRANECK, NJ 07666

Secretary: Steven B. Schwartz

Address: 500 FW BURR BLVD. 3F, TRANECK, NJ 07666

Treasurer: David Nelson

Address: 500 FW BURR BLVD. 3F, TRANECK, NJ 07666

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.135, F.S.

14. Steven B. Schwartz, Vice President

(Typed or printed name and capacity of person signing application)

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Attachment to Florida
Officers & Directors

- 1 Full Name: Karen McLoughlin
Officer/Director: Officer, Director
Officer's Title: CFO
Director's Title: Director
Business Address: 500 FW BURR BLVD. 3F
City: TEANECK
State: NJ
ZIP Code: 07666
- 2 Full Name: Jonathan D. Olefson
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 500 FW BURR BLVD. 3F
City: TEANECK
State: NJ
ZIP Code: 07666
- 3 Full Name: Steven E. Schwartz
Officer/Director: Officer, Director
Officer's Title: Sr. Vice President & Secretary
Director's Title: Director
Business Address: 500 FW BURR BLVD. 3F
City: TEANECK
State: NJ
ZIP Code: 07666

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COGNIZANT BUSINESS SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

12 OCT 26 AM 9:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5221739 8300

121167281

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9944468

DATE: 10-25-12