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6/13/18

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: C T CORPORATION SYSTEM

ACCT#: FCA000000023

CONTACT: RANAE MCGRAW

PHONE: (512)418-6949

FAX #: (954)208-0845

NAME: Cognizant Mortgage Services Corporation

AUDIT NUMBER.....H17000277472

DOC TYPE.....FOREIGN PROFIT QUALIFICATION

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SR 6/13/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cognizant Mortgage 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:

Harry Demas

Name of Person

c/o Cognizant Technology Solutions Corporation

Firm/Company

500 Frank W. Burr Boulevard

Address

Tenaneck, New Jersey 07666

City/State and Zip code

harry.demas@cognizant.com

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

For further information concerning this matter, please call:

Kathleen Malone

at (303) 542-2822

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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 Mortgage 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 3. 82-3123791
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 13, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039
(Principal office address)

c/o Cognizant Technology Solutions Legal Department, 500 Frank W. Burr Boulevard, Teaneck, NJ 07666
(Current mailing address, if different)

8. 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, Florida 33324
(City) (Zip code)

9. 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: Sherry McGinnes Sherry McGinnes
(Registered agent's signature) Assistant Secretary

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Shaswatha Bandopadhyay

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

Director: Natarajan Kumaravelu

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

B. OFFICERS

President: Natarajan Kumaravelu

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

Vice President: Shaswatha Bandopadhyay

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

Secretary: Shaswatha Bandopadhyay

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

Treasurer: Natarajan Kumaravelu

Address: 222 West Las Colinas Boulevard, Suite 1250, Irving, Texas 75039

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

12. S. Bandopadhyay 10/19/2017
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.817.155, F.S.

13. Shaswatha Bandopadhyay, Vice President and Secretary
(Typed or printed name and capacity of person signing application)