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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003460 (9)**

N/C 3-6-98

1. Corporation Name
~~COGNIZANT TECHNOLOGY SOLUTIONS CORPORATION~~
COGNIZANT TECHNOLOGY SOLUTIONS U.S CORPORATION

Principal Place of Business	Mailing Address
200 NYALA FARMS WESTPORT CT 06880	200 NYALA FARMS WESTPORT CT 06880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1997

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-3924155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHADEVA, WIJEYARAJ A	1.2 NAME	
STREET ADDRESS	1700 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOATTI, STEPHEN J	2.2 NAME	
STREET ADDRESS	200 NYALA FARMS	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COBURN, GORDON	3.2 NAME	
STREET ADDRESS	200 NYALA FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	NARAYANAN, LAKSHMI	4.2 NAME	
STREET ADDRESS	164-A, ELDAMS ROAD, TEYNAMPET	4.3 STREET ADDRESS	226 Cathedral Rd., Karunai Kudil
CITY-ST-ZIP	CHENNAI 600 018 INDIA	4.4 CITY-ST-ZIP	Chennai, India 600 086
TITLE	S ☒ DELETE	5.1 TITLE	S ☒ Change ☐ Addition
NAME	REYNOLDS, SUSAN H	5.2 NAME	Siegel, Kenneth S.
STREET ADDRESS	200 NYALA FARMS	5.3 STREET ADDRESS	200 Nyala Farms Rd.
CITY-ST-ZIP	WESTPORT CT 06880	5.4 CITY-ST-ZIP	Westport, CT 06880
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, LESLYE G	6.2 NAME	
STREET ADDRESS	200 NYALA FARMS	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Gordon Coburn 4/15/98 (203) 222-4527