## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F97000003460**

1. Entity Name

## COGNIZANT TECHNOLOGY SOLUTIONS U.S. CORPORATION

Principal Place of Business	Mailing Address				
500 W GKENPOINTE CENTRE TEANECK NJ 07666	500 W GKENPOINTE CENTRE TEANECK NJ 07666				
2. Principal Place of Business	3. Mailing Address				

## **FILED** Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90072 042 \*\*\*150.00

						A NABANAN AND ABAN MARI ARAN ARAN BANA BANA BANA	18186 11316 83678 8	)	
2. Principal P	lace of Business	3. Mailing Address			(				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
City & Stat	e	City & State			4. ∈	El Number 13-3924155		oplied For of Applicable	
Zip	Country	Zip	Count		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
U. Halile and Address of Current neglisters Agent				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			-	Street Address (P.O. Box Number is Not Acceptable)					
				City		F	L Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	s registered	d office or re	egistered age	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO)	TE: Registered	Agent signature	required when rei	instating) DATE		<del></del>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FILE NOW!!!! FILE NOW!!! FILE NOW!!!! FILE NOW!!! FILE NOW!!! FILE NOW!!!! FILE NOW!!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!!! FILE NOW!!!! FILE NOW!!!! FILE NOW!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			000 Fee v	TO. EIECII		Election Campaign Financing     Trust Fund Contribution.			
11.	OFFICERS AND		12.			I DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE			TITLE				☐ Change	☐ Addition	
NAME	narayanan, lakshmi		NAME						
STREET ADDRESS CITY-ST-ZIP	220 OATTIEDINE TID TOTAL RODIE			T ADDRESS ST-ZIP					
TITLE	C	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	mahadeva, wijeyaraji a		NAME						
STREET ADDRESS	500 GLENPOINT CENTRE W			ADDRESS					
CITY-ST-ZIP	TEANECK NJ 07666		CITY-S	ST- ZIP					
JITLE	<b>V</b>	☐ Delete	TITLE		·	والمتنفقة ومعواليسيسانية	☐ Change	Addition	
NAME	COBURN, GORDON		NAME				_		
STREET ADDRESS CITY-ST-ZIP	500 GLEN POINTE CENTRE W		CITY-S	F ADDRESS					
	TEANECK NJ 07666			J1-211	Vice D	resident	X Change	☐ Addition	
TITLE	NADAVANAN LAPCUM	☐ Delete	TITLE			resident isco D'Souza	EST CHRUTE	☐ Addition	
NAME STREET ADDRESS	NARAYANAN, LAKSHMI 226 CATHEDRAL RD, KARUINAI	KUDII	_	ADDRESS		lenpointe Centre Wes	t		
CITY-ST-ZIP	CHENNAI 600 086 INDIA	NODIL	CITY-S		Teane	ck, NJ 07666	-		
	S		TITLE		Direc		X Change	Addition	
TITLE NAME	Siegel, Kenneth S	LANDelete	NAME			n Coburn	EZI Ollange	Addition	
STREET ADDRESS	200 NYALA FARMS RD		•	F ADDRESS		lenpointe Centre Wes	t		
CITY-ST-ZIP	WESTPORT CT 06880		CITY-		Teane	ck, NJ 07666	<b>~</b>		
TITLE	T	□ <b>X</b> Delete	TITLE		Direct	· · · · · · · · · · · · · · · · · · ·	X Change	☐ Addition	
NAME	KATZ, LESLYE G	LAK DEIBIE	NAME			Williams	ogo		
STREET ADDRESS	200 NYALA FARMS			T ADDRESS		Glenpointe Centre Wes	st		
CITY-ST-ZIP	WESTPORT OT ORRED			ST-ZIP		ck, NJ 07666			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon Coburn, V.P.

203-222-4587