

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90031 015 ***150.00

UBR 12-01-01

DOCUMENT # F97000003460

1. Entity Name

COGNIZANT TECHNOLOGY SOLUTIONS U.S. CORPORATION

Principal Place of Business

**500 GLENPOINTE CENTRE W
TEANECK NJ 07666**

Mailing Address

**500 GLENPOINTE CENTRE W
TEANECK NJ 07666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3924155

Applied For

Not Applicable

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

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NARAYANAN, LAKSHMI**
STREET ADDRESS **228 CATHEDRAL RD KARUNAI KUDIL**
CITY-ST-ZIP **CHENNAI INDIA 600- 086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **MAHADEVA, WIJAYARAJI A**
STREET ADDRESS **500 GLENPOINTE CENTRE W**
CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **D'SOUZA, FRANCISCO**
STREET ADDRESS **500 GLEN POINTE CENTRE W**
CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COBURN, GORDON**
STREET ADDRESS **500 GLENPOINTE CENTRE W.**
CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, ROSS**
STREET ADDRESS **500 GLENPOINTE CENTRE W.**
CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SCFO** ☐ Delete
NAME **COBURN, GORDON J**
STREET ADDRESS **500 GLENPOINTE CENTRE WEST**
CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)

Cognizant Technology Solutions

Attachment#
F 97100003460
708186

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Cognizant Technology Solutions
500 Glenpointe Centre West
Teaneck, New Jersey
07666

December 27, 2001

RE: Cognizant Technology Solutions U.S. Corporation
I.D. NO. 13-3924155
REF.: 2001 Florida Uniform Business Report

Ladies and or/Gentlemen:

Enclosed herewith please find the following for the above cited company:

- ☐ Income/Franchise Tax Return, Form No.: _____
- ☐ Estimated Tax Report, Form No.: _____
- ☐ Extension Request, Form No.: _____
- ☒ Other: Description: Florida Uniform Business Report

Form No.: _____

for the period January 1- December 31, 2001 _____

Also enclosed is our check number 4239 in the amount of \$ 150.00
in satisfaction of the required amount due, if any.

Please acknowledge receipt of the enclosed by stamping the duplicate of this letter and return it in the stamped self-addressed envelope enclosed for your convenience.

Very truly yours,

James P. Silvestri

James P. Silvestri
Director of Taxes

Cognizant Technology Solutions

attachment # F97000003460
708186

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

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