

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90018 011 ***150.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03172004 Chg-P. CR2E034 (10/03)

4. FEI Number 13-3924155	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P NARAYANAN, LAKSHMI 226 CATHEDRAL RD KARUNAI KUDIL CHENNAI INDIA, 600 086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
C MAHADEVA, WIJEYARAJI A 500 GLENPOINT CENTRE W TEANECK, NJ 07666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP D'SOUZA, FRANCISCO 500 GLEN POINTE CENTRE W TEANECK, NJ 07666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D COBURN, GORDON 500 GLENPOINTE CENTRE W. TEANECK, NJ 07666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D WILLIAMS, ROSS 500 GLENPOINTE CENTRE W. TEANECK, NJ 07666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
SCFO COBURN, GORDON J 500 GLENPOINTE CENTRE WEST TEANECK, NJ 07666	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROSS E. WILLIAMS 3/29/04 201-678-2747**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #