

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024034

FILED
Mar 23, 2009
Secretary of State

Entity Name: COGNITANT SOFTWARE, INC,

Current Principal Place of Business:

9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3560 NW 99TH AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS, FL 33065

New Mailing Address:

3560 NW 99TH AVENUE
CORAL SPRINGS, FL 33065

FEI Number: 02-0562605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES J. ALLEN
9900 W SAMPLE RD 300
SUITE 300
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

JAMES J. ALLEN
3560 NW 99TH AVENUE
CORAL SPRINGS, FL 33065 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, JAMES J
Address: 9900 WEST SAMPLE ROAD SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete
Name: ALLEN, LYNDAS
Address: 9900 WEST SAMPLE ROAD SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, JAMES J
Address: 3560 NW 99TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TSD (X) Change () Addition
Name: ALLEN, LYNDAS
Address: 3560 NW 99TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDAS, ALLEN

TSD

03/23/2009

Electronic Signature of Signing Officer or Director

Date