


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005159

1. Entity Name
INFOSYS TECHNOLOGIES LIMITED COMPANY



Principal Place of Business Mailing Address

6607 KAISER DR. 6607 KAISER DR.
FREMONT, CA 94555 US FREMONT, CA 94555 US

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number **58-1760235** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	HFA
NAME	PAI, SUDHIR
STREET ADDRESS	6607 KAISER DR.
CITY - ST - ZIP	FREMONT, CA 94555
TITLE	SVAS
NAME	PRADHAN, BASAB
STREET ADDRESS	6607 KAISER DR.
CITY - ST - ZIP	FREMONT, CA 94555
TITLE	BC
NAME	MURTHY, NARAYANA
STREET ADDRESS	HOSUR RD., ELECTRONICS CITY
CITY - ST - ZIP	BANGALORE,
TITLE	CEOP
NAME	NILEKANI, NANDAN M
STREET ADDRESS	ELECTRONICS CITY, HOSUR RD.
CITY - ST - ZIP	BANGALORE,
TITLE	D
NAME	KRISHNAN, GOPAL
STREET ADDRESS	ELECTRONICS CITY, HOSUR RD.
CITY - ST - ZIP	BANGALORE,
TITLE	D
NAME	DINESH, K.
STREET ADDRESS	ELECTRONICS CITY, HOSUR RD.
CITY - ST - ZIP	BANGALORE,

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 04/01/05-80037-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Sudhir Pai* **510-742-3035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #