


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 030 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000005159					
1. Entity Name INFOSYS TECHNOLOGIES LIMITED COMPANY					
Principal Place of Business 6607 KAISER DR. FREMONT, CA 94555 US			Mailing Address 6607 KAISER DR. FREMONT, CA 94555 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1760235	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number if Not Applicable)			Street Address (P.O. Box Number if Not Applicable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAI, SUDHIR		NAME		
STREET ADDRESS	6607 KAISER DR.		STREET ADDRESS		
CITY-STATE-ZIP	FREMONT, CA 94555		CITY-STATE-ZIP		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NILEKANI, NANDAN M		NAME		
STREET ADDRESS	6607 KAISER DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	FREMONT, CA 94555		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRISHNAN, GOPAL		NAME		
STREET ADDRESS	6607 KAISER DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	FREMONT, CA 94555		CITY-STATE-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 637, 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: <u>KRISHNAN</u>			DATE: <u>04/24/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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Applied For
Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

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