

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005159

FILED
Apr 24, 2009
Secretary of State

Entity Name: INFOSYS TECHNOLOGIES LIMITED COMPANY

Current Principal Place of Business:

6607 KAISER DR.
FREMONT, CA 94555 US

New Principal Place of Business:

Current Mailing Address:

6607 KAISER DR.
FREMONT, CA 94555 US

New Mailing Address:

FEI Number: 58-1760235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AVP () Delete
Name: PAI, SUDHIR
Address: 6607 KAISER DR.
City-St-Zip: FREMONT, CA 94555 IN

Title: CEOP () Delete
Name: NILEKANI, NANDAN M
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555 IN

Title: D () Delete
Name: KRISHNAN, GOPAL
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AVP (X) Change () Addition
Name: BHAT, PRAVEEN
Address: 6607 KAISER DR.
City-St-Zip: FREMONT, CA 94555 IN

Title: CEO (X) Change () Addition
Name: SENAPATHY, GOPALAKRISHNAN
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555 IN

Title: D (X) Change () Addition
Name: NILEKANI, NANDAN
Address: 6607 KAISER DRIVE
City-St-Zip: FREMONT, CA 94555 US

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: PRAVEEN BHAT

AVP

04/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date