

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005159 (7)**

1. Corporation Name  
**INFOSYS TECHNOLOGIES LIMITED COMPANY**



Principal Place of Business: **990 WASHINGTON STREET, STE 217 DEDHAM MA 02026**  
Mailing Address: **990 WASHINGTON STREET, STE 217 DEDHAM MA 02026**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **10/23/1995**  
3a. Date of Last Report: **10/23/1995**  
4. FFI Number: **58-1760235**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(3) and 607.01(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MURTHY N R, NARAYANA	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NAYAK, G R	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VISWANATHAN, V	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	RAGHAVEN, N S	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NILEKANI, NANDAN M	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOPALAKRISHNAN, S	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_  
Date: **03/22/96**  
Digital Filing #: **677 251 0622**

CR2E034 (12/95)