

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005159

Entity Name: INFOSYS LIMITED INC.

**Current Principal Place of Business:**

2400 N. GLENVILLE DRIVE  
C/O CHARLES LAU STE C150  
RICHARDSON, TX 75082

**Current Mailing Address:**

2400 N GLENVILLE DRIVE  
C/O CHARLES LAU STE C150  
RICHARDSON, TX 75082 US

FEI Number: 58-1760235

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            PAREKH, SALIL  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

Title            DIR  
Name            PAREKH, SALIL  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

Title            SECRETARY  
Name            MANIKANTHA, ANUR  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

Title            DIRECTOR  
Name            NILEKANI, NANDAN  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

Title            US FINANCE OFFICER  
Name            MOHAPATRA, ABANI  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

Title            CFO  
Name            ROY, NILANJAN  
Address        2400 N. GLENVILLE DRIVE  
                  STE C150  
City-State-Zip: RICHARDSON TX 75082

*I hereby 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 all other like empowered.*

SIGNATURE: ANUR MANIKANTHA

SECRETARY

04/26/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date