

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 02026-6714
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3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last Report 03/26/1996
4. FEI Number 58-1760235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 42840 CHRISTY ST. Suite, Apt. #, etc.	2a. Mailing Address 26 42840 CHRISTY ST Suite, Apt. #, etc.
22 SUITE 102 City & State	27 SUITE 102 City & State
23 FREMONT CA City & State	28 FREMONT CA City & State
24 94538 25 USA Zip Country	29 94538 30 USA Zip Country

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTHY N R, NARAYANA	1.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYAK, G R	2.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISWANATHAN, V	3.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGHAVEN, N S	4.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILEKANI, NANDAN M	5.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPALAKRISHNAN, S	6.2 NAME	
STREET ADDRESS	1ST MAIN ST., 5TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	KORAMANGALA, BANGALORE	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Ramesh Hanvesh Murthy **2/24/1997** **510 770 3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)