

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000005159 (7)
 1. Corporation Name

INFOSYS TECHNOLOGIES LIMITED COMPANY



Principal Place of Business

42840 CHRISTY ST.
 SUITE 102
 FREMONT CA 94538

Mailing Address

42840 CHRISTY ST.
 SUITE 102
 FREMONT CA 94538

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/23/1995

4. FEI Number

58-1760235

Applied For
 Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 42808 CHRISTY ST

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE 203

Suite, Apt. #, etc.

27 SAME

City & State

23 FREMONT CA

City & State

28 SAME

Zip

24 94538

Country

25 USA

Zip

29 SAME

Country

30

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

NO CHANGE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 - NIA -

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD DELETE

NAME MURTHY N R, NARAYANA
 STREET ADDRESS 1ST MAIN ST., 5TH FLOOR
 CITY-ST-ZIP KORAMANGALA, BANGALORE

TITLE VT DELETE

NAME NAYAK, G R
 STREET ADDRESS 1ST MAIN ST., 5TH FLOOR
 CITY-ST-ZIP KORAMANGALA, BANGALORE

TITLE S DELETE

NAME VISWANATHAN, V
 STREET ADDRESS 1ST MAIN ST., 5TH FLOOR
 CITY-ST-ZIP KORAMANGALA, BANGALORE

TITLE VC DELETE

NAME RAGHAVEN, N S
 STREET ADDRESS 1ST MAIN ST., 5TH FLOOR
 CITY-ST-ZIP KORAMANGALA, BANGALORE

TITLE D DELETE

NAME NILEKANI, NANDAN M
 STREET ADDRESS 1ST MAIN ST., 5TH FLOOR
 CITY-ST-ZIP KORAMANGALA, BANGALORE

TITLE D 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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NO CHANGES

14. I 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:

SIGNATURE [Handwritten Signature]

510-770-3400 x-411

CR2E034 (5/98)