

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90227 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005159

1. Corporation Name
INFOSYS TECHNOLOGIES LIMITED COMPANY

Principal Place of Business 42808 CHRISTY ST STE 203 FREMONT CA 94538 US	Mailing Address 42808 CHRISTY ST STE 203 FREMONT CA 94538 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 10/23/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 58-1760235	
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 **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 _____ (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	

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, with all other like empowered.

SIGNATURE: *Phenesh Murthy* **Phenesh Murthy** **4/30/99** **510-770-3400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)