

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90013 038 ***150.00

DOCUMENT # P26688

1. Entity Name
KEANE INFORMATION SERVICES COMPANY



Principal Place of Business

~~TEN CITY SQUARE~~ **100 CITY SQUARE**
BOSTON, MA 02129

Mailing Address

~~TEN CITY SQUARE~~ **100 CITY SQUARE**
BOSTON, MA 02129

44018913



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2437166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEANE, JOHN F.
TEN CITY SQUARE
BOSTON, MA 02129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEANY, JOHN J
TEN CITY SQUARE
BOSTON, MA 02129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAFTO, ROBERT
526 GROVE ST
NEEDHAM, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CLEARY, FRANCIS M.
16 QUAKER CIRCLE
PEMBROKE, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCKART, JOHN F.
77 MASS AVE.
CAMBRIDGE, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HINDLE, WINSTON
17 MUSTERFIELD RD
CONCORD, MA**

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #