


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 045 ***150.00

DOCUMENT # P26688 1. Entity Name KEANE INFORMATION SERVICES COMPANY					
Principal Place of Business 100 CITY SQUARE BOSTON, MA 02129		Mailing Address 100 CITY SQUARE ATTN: TAX DEPT. BOSTON, MA 02129			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242008 Chg-P CR2E034 (12/06)	
4. FEI Number 04-2437166				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AROLD, KIRK E 100 CITY SQUARE BOSTON, MA 02129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Mari Subramanian 188 Minna Street Apt 23A San Francisco, CA 94105 COO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEAHY, JOHN J 100 CITY SQUARE BOSTON, MA 02129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Puthuff 100 City Square Boston MA 02129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONVERSE, MARY T 100 CITY SQUARE BOSTON, MA 02129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Andrea Romoli 100 City Square Boston MA 02129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JALBERT, PAUL 100 CITY SQUARE BOSTON, MA 02129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ast. Secretary C. Whitney Rodersep 3 Sheffield Rd Winchester, MA 01890	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKART, JOHN F. 77 MASS AVE. CAMBRIDGE, MA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mari Subramanian Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINDLE, WINSTON 17 MUSTERFIELD RD CONCORD, MA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gregg Vignos 100 City Square Boston MA 02129	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 619, 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: <i>Richard Nadel</i> Global Tax Director 4/25/08 617-241-9200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ <i>Richard Nadel</i>					

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