


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90260 044 ***150.00

DOCUMENT # 858071 1. Entity Name KEANE FEDERAL SYSTEMS, INC.					
Principal Place of Business KEANE, INC. 100 CITY SQUARE BOSTON, MA 02129 US			Mailing Address KEANE, INC. 100 CITY SQUARE BOSTON, MA 02129 US		
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	4. FEI Number 52-0886546	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President & CEO: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEANE, JOHN F		NAME	Mani Subramanian	
STREET ADDRESS	100 CITY SQUARE		STREET ADDRESS	100 City Square	
CITY-ST-ZIP	BOSTON, MA 02129		CITY-ST-ZIP	Boston MA 02129	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAHY, JOHN J		NAME	James Wells	
STREET ADDRESS	100 CITY SQUARE		STREET ADDRESS	100 City Square	
CITY-ST-ZIP	BOSTON, MA 02129		CITY-ST-ZIP	Boston MA 02129	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDERSEN, C. WHITNEY		NAME	C. Whitney Pedersen	
STREET ADDRESS	100 CITY SQUARE		STREET ADDRESS	100 City Square	
CITY-ST-ZIP	BOSTON, MA 02129		CITY-ST-ZIP	Boston MA 02129	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.					
SIGNATURE: <i>Richard Nadel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/25/08 Daytime Phone # 617-241-9200		