
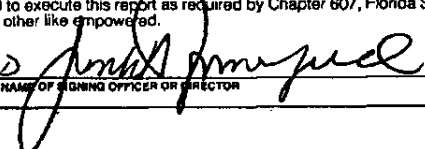


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/16/2004-90096-017 \$150.00-\$150.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 10 PM 1:48

<b>DOCUMENT # F02000001688</b> 1. Entity Name <b>HCL-ANSWERTHINK, INC.</b>					
Principal Place of Business <b>225 WASHINGTON STREET CONSHOHOCKEN, PA 19428</b>			Mailing Address <b>1001 BRICKELL BAY DRIVE SUITE 3000 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03192004 Chg-P CR2E034 (10/03)	
4. FFI Number <b>303-0419893</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 31301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPPINS, KENNETH</b> <b>24 NEW EXECUTIVE PARK</b> <b>BURLINGTON, MA 01803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZOMERFELD, FRANK</b> <b>1011 BRICKELL BAY DRIVE, SUITE 3000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FERNANDEZ, TED A</b> <b>1011 BRICKELL BAY DRIVE, SUITE 3000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANK, ALLAN</b> <b>1011 BRICKELL BAY DRIVE, SUITE 3000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRENNAN, JOHN</b> <b>1011 BRICKELL BAY DRIVE, SUITE 3000</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHOK, JAIN</b> <b>1950 OLD GALLOWS ROAD, SUITE 555</b> <b>VIENNA, VA 22182</b>	<input type="checkbox"/> Delete			
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: <b>FRANK ZOMERFELD</b> 				3-26-04 305-375-8005 <small>Date Daytime Phone #</small>	

6/11/04