


***2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90088 021 ***150.00

DOCUMENT # F02000001688 1. Entity Name HCL-ANSWERTHINK, INC.	
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Principal Place of Business 225 WASHINGTON STREET CONSHOHOCKEN, PA 19428	Mailing Address 1001 BRICKELL BAY DRIVE SUITE 3000 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0419893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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, 2005 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	P COPPINS, KENNETH 24 NEW EXECUTIVE PARK BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOMERFELD, FRANK 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FERNANDEZ, TED A 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, ALLAN 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, JOHN 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHOK, JAIN 1950 OLD GALLOWES ROAD, SUITE 555 VIENNA, VA 22182

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 #

3/2/05