
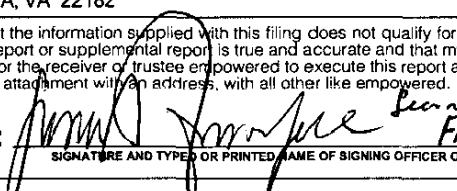


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90215 016 ***150.00

DOCUMENT # F02000001688 1. Entity Name HCL-ANSWERTHINK, INC.					
Principal Place of Business 225 WASHINGTON STREET CONSHOHOCKEN, PA 19428			Mailing Address 1001 BRICKELL BAY DRIVE SUITE 3000 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 COPPINS, KENNETH 24 NEW EXECUTIVE PARK BURLINGTON, MA 01803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOMERFELD, FRANK 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DR. STE. 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FERNANDEZ, TED A 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DR. STE. 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, ALLAN 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DR. STE. 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, JOHN 1011 BRICKELL BAY DRIVE, SUITE 3000 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT FITZWILLIAM GRANT 1001 BRICKELL BAY DR. STE. 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHOK, JAIN 1950 OLD GALLOWES ROAD, SUITE 555 VIENNA, VA 22182 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:  FRANK ZOMERFELD 5/1/06 305 375-8005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					