


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90184 046 ***150.00

DOCUMENT # F02000005347		
1. Entity Name FAIRFAX INFORMATION TECHNOLOGY SERVICES, INC.		

Principal Place of Business 5 CENTURY DRIVE, SUITE 200 PARSIPPANY, NJ 07054	Mailing Address 305 MADISON AVE. PO BOX 1943 MORRISTOWN, NJ 07962-1943
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2010021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONOPOULOS, NIKOLAS	NAME	
STREET ADDRESS	305 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, SAMMY	NAME	
STREET ADDRESS	95 WELLINGTON STREET WEST, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA, M5J 2N7	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, RICHARD S	NAME	
STREET ADDRESS	5205 N. O'CONNOR BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	IRVING, TX 75039	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, RAYMOND A	NAME	
STREET ADDRESS	5 CENTURY DRIVE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLIZOLA, CHARLES S	NAME	Sr. Vice President
STREET ADDRESS	5 CENTURY DRIVE, SUITE 200	STREET ADDRESS	David L. McDonough
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP	5 Century Drive, Suite 200
TITLE	S <input type="checkbox"/> Delete	TITLE	Parsippany, NJ 07054
NAME	GASPAK, VALERIE J	NAME	
STREET ADDRESS	305 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	CITY-ST-ZIP	

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: *Valerie J. Gasparik* **Valerie J. Gasparik, 4/16/04 973-490-6840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #