

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2010021

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 D
NAME ANTONOPOULOS, NIKOLAS
STREET ADDRESS 305 MADISON AVENUE
CITY-ST-ZIP MORRISTOWN, NJ 07962

TITLE D
NAME CHAN, SAMMY
STREET ADDRESS 95 WELLINGTON STREET WEST, SUITE 800
CITY-ST-ZIP TORONTO, ONTARIO, CANADA, M5J 2N7

TITLE D
NAME DONOVAN, RICHARD S
STREET ADDRESS 5205 N. O'CONNOR BOULEVARD
CITY-ST-ZIP IRVING, TX 75039

TITLE P
NAME ROY, RAYMOND A
STREET ADDRESS 5 CENTURY DRIVE, SUITE 200
CITY-ST-ZIP PARSEPPANY, NJ 07054

TITLE SVP
NAME MCDONOUGH, DAVID L
STREET ADDRESS 5 CENTURY DRIVE, SUITE 200
CITY-ST-ZIP PARSEPPANY, NJ 07054

TITLE S
NAME GASPARIK, VALERIE J
STREET ADDRESS 305 MADISON AVENUE
CITY-ST-ZIP MORRISTOWN, NJ 07962

**DO NOT WRITE
IN THIS SPACE**

U00000361887
05/05/05-80094-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/24/05

Date

973/490-6840

Daytime Phone #