

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90296 002 \*\*\*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**

**50011499**



04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**52-2010021**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Director + President ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Exec VP + Chief operating Officer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/6/06

973-490-6840

Date

Daytime Phone #