
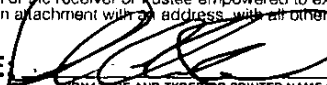


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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90187 015 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box # 412 Mt. Kemble Avenue		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Morristown, NJ		City & State	
Zip 07960	Country USA	Zip	Country
4. FEI Number 52-2010021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D CHAN, SAMMY 95 WELLINGTON STREET WEST, SUITE 800 TORONTO, ONTARIO, CANADA, M5J 2N7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Matheson Street Causeway Bay, Hong Kong
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOVAN, RICHARD S 5205 N. O'CONNOR BOULEVARD IRVING, TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 First Stamford Place Stamford, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROY, RAYMOND A 5 CENTURY DRIVE, SUITE 200 PARSIPPANY, NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 Mt. Kemble Avenue Morristown, NJ 07960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPC MCDONOUGH, DAVID L 5 CENTURY DRIVE, SUITE 200 PARSIPPANY, NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 Mt. Kemble Avenue Morristown, NJ 07960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GASPARIK, VALERIE J 305 MADISON AVENUE MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carol A. Soos
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Jack W. Chadwick 305 Madison Avenue Morristown, NJ 07962
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 		Jack W. Chadwick 4/16/07 973-490-6767 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #	