2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# F06000002422

Entity Name: INFOCROSSING EAS, INC.

Current Principal Place of Business:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07605

New Principal Place of Business:

Current Mailing Address:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07605

New Mailing Address:

FEI Number: 22-3626621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: LONSTEIN, ZACH
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: PVCD ( ) Delete
Name: WALLACH, ROBERT
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: V ( ) Delete
Name: MCHALE, WILLIAM
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: S ( ) Delete
Name: LETIZA, NICHOLAS
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: D (X) Delete
Name: HEALY, JEREMIAH
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: D (X) Delete
Name: PERONE, KATHLEEN
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: WALLACH, ROBERT B
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: SVP (X) Change ( ) Addition
Name: LETIZIA, NICHOLAS J
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: T (X) Change ( ) Addition
Name: RAJAGOPALAN, SHIVAKUMAR
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS J LETIZIA SVP 03/14/2008

Electronic Signature of Signing Officer or Director — Date