

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007934

FILED
Apr 30, 2009
Secretary of State

Entity Name: INFOCROSSING ICONNECTION, INC.

Current Principal Place of Business:

690 CANTON STREET
WESTWOOD, MA 02090 US

New Principal Place of Business:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07905 US

Current Mailing Address:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07605 US

New Mailing Address:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07905 US

FEI Number: 04-3421443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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
City-St-Zip: LEONIA, NJ 07605

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: LONSTEIN, ZACH
Address: 2 CHRISTIE HEIGHTS ST
City-St-Zip: LEONIA, NJ 07605

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

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

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

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date