

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004578

Entity Name: INFOCROSSING, INC.

FILED
Apr 30, 2009
Secretary of State

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: 13-3252333

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: AMY S. ZEIGLER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: KISHORE, SAMEER
Address: 2 CHRISTIE HEIGHTS STREET
City-St-Zip: LEONIA, NJ 07605

Title: CEOD (X) Change () Addition
Name: LONSTEIN, ZACH
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

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date