2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# F07000004694

Entity Name: INFOCROSSING SERVICES WEST, INC.

Current Principal Place of Business:

3300 EAST BIRCH STREET
BREA, CA 92821

New Principal Place of Business:

Current Mailing Address:

3300 EAST BIRCH STREET
BREA, CA 92821

New Mailing Address:

2 CHRISTIE HEIGHTS STREET
LEONIA, NJ 07605

FEI Number: 74-3063869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 05/15/2008

Electronic Signature of Signing Officer or Director — Date