2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9900000107

Entity Name: KEPNER-TREGOE, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17 RESEARCH ROAD SKILLMAN, NJ 08558 **Current Mailing Address: New Mailing Address:** 17 RESEARCH ROAD SKILLMAN, NJ 08558 FEI Number: 22-3421723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DUFFY, KEVIN GRAHAM, ANDREW Name: Name: 2643 VEGA COURT 17 RESEARCH ROAD Address: Address: RALEIGH, NC 27614 City-St-Zip: City-St-Zip: SKILLMAN, NJ 08558 Title: SD Title: () Delete (X) Change () Addition Name: JAFFIN, CHARLES L Name: IRWIN, THOMAS J D 522 ROSEDALE RD. 17 RESEARCH ROAD Address: Address: SKILLMAN, NJ 08558 City-St-Zip: PRINCETON, NJ 08540 City-St-Zip: Title: (X) Change () Addition PD () Delete Title: CEOD KEENER, BRUCE D BALDWIN, WILLIAM B Name: Name: 164 CLEVELAND LANE 17 RESEARCH ROAD Address: Address: PRINCETON, NJ 08540 City-St-Zip: SKILLMAN, NJ 08558 City-St-Zip: Title: () Delete Title: CHMD (X) Change () Addition BERGER, PETER BERGER, PETER Name: Name: Address: 15 HICKORY LANE Address: 15 HICKORY LANE City-St-Zip: WESTON, CT 06883 City-St-Zip: WESTON, CT 06883 Title: Title: (X) Change () Addition SD () Delete ASST IRWIN, THOMAS J Name: HILLER, THEODORE J Name: 13 HILAND DR 17 RESEARCH ROAD Address: Address: HILLSBOROUGH, NJ 08844 City-St-Zip: City-St-Zip: SKILLMAN, NJ 08558 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SAMUEL, BERNSTINE M

NEW CASTLE, PA 16101

RD #8, 8406A, MCGUFFEY BLVD

SIGNATURE: THOMAS J. IRWIN SEC 04/03/2007

BERNSTINE, SAMUEL M

NEW CASTLE, PA 16101

RD # 8 8406A MCGUFFEY BLVD

Name:

Address:

City-St-Zip: