

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001427

1. Entity Name

KEARNE CRM SOLUTIONS PRACTICE, INC.

Principal Place of Business

% KEANE, INC.
TEN CITY SQUARE
BOSTON MA 02129

Mailing Address

% KEANE, INC.
TEN CITY SQUARE
BOSTON MA 02129

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:12



DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0681416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, JOHN R III	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	HUI-BON-HOA, PHIL	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEANE, BRIAN T	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEANE, JOHN F JR.	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CATALDO, WALLACE A	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CLEARY, FRANCIS M	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003417436-1	
STREET ADDRESS	-10/06/00--01113--010	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T LEAHY	
STREET ADDRESS	TEN CITY SQUARE	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	Treasurer	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)