FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:03

DOCUMENT # P26688 (2)

1. Corporation Name
KEANE INFORMATION SERVICES COMPANY

Principal Place of Business	Mailing Address
TEN CITY SQUARE BOSTON MA 02116-5116	TEN CITY SQUARE BOSTON MA 02116-5116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1989
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: 04-2437166 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	KEANE, JOHN F.	12 NAME	Robert Shafto	
STREET ADDRESS	55 BLACKHORSE LANE	13 STREET ADDRESS	526 Grove Street	
CITY-ST-ZIP	COHASSET MA	14 CITY-ST-ZIP	Needham, Ma 02192	
TITLE	V	21 TITLE	D	☐ Change ☒ Addition
NAME	CATALDO, WALLACE A.	22 NAME	Winston Hondle	
STREET ADDRESS	35 GREENWOOD RD.	23 STREET ADDRESS	17 Musterfield Road	
CITY-ST-ZIP	ANDOVER MA	24 CITY-ST-ZIP	Concord, Ma. 01742	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	BECKER, RAY E.	32 NAME	Ray Becker	
STREET ADDRESS	152 STOW RD.	33 STREET ADDRESS	Not employed by company anymore	
CITY-ST-ZIP	HARVARD MA	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CLEARY, FRANCIS M.	42 NAME		
STREET ADDRESS	16 QUAKER CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ROCKART, JOHN F.	52 NAME		
STREET ADDRESS	77 MASS AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	RUTTGERS, MICHAEL	62 NAME	Michael Ruettgers	
STREET ADDRESS	453 BEDFORD RD.	63 STREET ADDRESS	resigned as director	
CITY-ST-ZIP	CARLISLE MA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/6/95 617-241-920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03D3635 FP