

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26688

FILED
Apr 20, 2006
Secretary of State

Entity Name: KEANE INFORMATION SERVICES COMPANY

Current Principal Place of Business:

100 CITY SQUARE
BOSTON, MA 02129

New Principal Place of Business:

Current Mailing Address:

100 CITY SQUARE
BOSTON, MA 02129

New Mailing Address:

FEI Number: 04-2437166

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEANE, BRIAN T
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: CFO () Delete
Name: LEAHY, JOHN J
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: T () Delete
Name: CONVERSE, MARY T
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: AS () Delete
Name: JALBERT, PAUL
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: D () Delete
Name: ROCKART, JOHN F.,
Address: 77 MASS AVE.
City-St-Zip: CAMBRIDGE, MA

Title: D () Delete
Name: HINDLE, WINSTON
Address: 17 MUSTERFIELD RD
City-St-Zip: CONCORD, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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 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: PAUL JALBERT

AS

04/20/2006

Electronic Signature of Signing Officer or Director

Date