

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26688

FILED  
Apr 27, 2007  
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:

100 CITY SQUARE  
ATTN: TAX DEPT.  
BOSTON, MA 02129

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: P (X) Change ( ) Addition  
Name: AROLD, KIRK E  
Address: 100 CITY SQUARE  
City-St-Zip: BOSTON, MA 02129

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  
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 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

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date