

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90014 031 \*\*\*150.00

**DOCUMENT # 858071**

1. Entity Name  
**KEANE FEDERAL SYSTEMS, INC.**



Principal Place of Business % KEANE, INC. TEN CITY SQUARE BOSTON, MA 02129 US	Mailing Address % KEANE, INC. TEN CITY SQUARE BOSTON, MA 02129 US
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**44018969**



02282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-0886546</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEANE, JOHN F. TEN CITY SQUARE BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAHY, JOHN J TEN CITY SQUARE BOSTON, MA 02129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDERSEN, C. WHITNEY TEN CITY SQUARE BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GIURLED, DANIEL J TEN CITY SQUARE BOSTON, MA 02129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 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: 3/11/04 Daytime Phone # \_\_\_\_\_