

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **858071** (4)

1. Corporation 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

2. Principal Place of Business: 21 Site, Apt. #, etc. 22 City & State 23 Zip Country 24 25  
2a. Mailing Address: 26 Site, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 10/06/1983 3a. Date of Last Report: 06/14/1995  
4. FEI Number: 52-0886546 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: C T CORPORATION SYSTEM 1200 SOUTH 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 607.1509, 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 607.0405, Florida Statutes.

SIGNATURE: Signature of person performing the filing is required. Date: Date of Filing. Agent's Signature is required if change.

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	KEANE, JOHN F.	
STREET ADDRESS	TEN CITY SQUARE	
CITY-STATE-ZIP	BOSTON MA	
TITLE	T	DELETE
NAME	CATALDO, WALLACE A.	
STREET ADDRESS	TEN CITY SQUARE	
CITY-STATE-ZIP	BOSTON MA	
TITLE	S	DELETE
NAME	PEDERSEN, C. WHITNEY	
STREET ADDRESS	TEN CITY SQUARE	
CITY-STATE-ZIP	BOSTON MA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Block 13 if changed, or on an attachment with a body as:

SIGNATURE: [Signature] 3/1/96 617 241 9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)