

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90464 025 \*\*\*550.00

RETURNED AT

**DOCUMENT # 858071**

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

(3)

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **52-0886546**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)            **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**      10. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KEANE, JOHN F.</b> <b>TEN CITY SQUARE</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attached</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEAHY, JOHN J.</b> <b>TEN CITY SQUARE</b> <b>BOSTON MA 02129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PEDERSEN, C. WHITNEY</b> <b>TEN CITY SQUARE</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>GIURLED, DANIEL J</b> <b>TEN CITY SQUARE</b> <b>BOSTON MA 02129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C Whitney Pederson*      **C Whitney Pederson, Sec'y**      3 Jun 02      617 241-920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

*Attachment*  
*# 858071*  
*117374*

**KEANE FEDERAL SYSTEMS, INC.**

**Director & Officers**

**Business Address for all: Ten City Square  
Boston, MA 02129**

**Director:**

John F. Keane  
55 Blackhorse Lane  
Cohasset, MA 02025

**Officers:**

John F. Keane, President  
Same as above

Brian T. Keane, Vice President  
37 Juniper Road  
Weston, MA 02493

John J. Leahy, Treasurer  
17 Silver Hill Road  
Weston, MA 02493

Robert B. Atwell, Vice President  
9 Middlesborough Court  
Durham, NC 27705

M. Glenn Giles, Vice President  
N/A

Daniel J. Giurleo, Assistant Treasurer  
4 Monument Square, Unit 1  
Charlestown, MA 02129

C. Whitney Pedersen, Secretary  
3 Sheffield Road  
Winchester, MA 01890