

1.) CORPORATION NAME:

Keane International, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1842725**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CITY SQUARE

CITY/ST/ZIP: BOSTON, MA 02129-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN W MCCAIN
TITLE: CEO/PRESIDENT
ADDRESS: 100 CITY SQUARE
CITY/ST/ZIP/CO: BOSTON, MA 02129-

OFFICER

DIRECTOR

NAME: JOHN M DICK
TITLE: EVP/SEC/GEN COU
ADDRESS: 100 CITY SQUARE
CITY/ST/ZIP/CO: BOSTON, MA 02129-

OFFICER

DIRECTOR

NAME: DAVID KAMINSKY
TITLE: EVP/CFO
ADDRESS: 100 CITY SQUARE
CITY/ST/ZIP/CO: BOSTON, MA 02129-

OFFICER

DIRECTOR

NAME: KAZUHIRO NISHIHATA
TITLE: DIRECTOR
ADDRESS: 100 CITY SQUARE
CITY/ST/ZIP/CO: BOSTON, MA 02129-

OFFICER

DIRECTOR

NAME: KOJI MIYAJIMA
TITLE: DIRECTOR
ADDRESS: 100 CITY SQUARE
CITY/ST/ZIP/CO: BOSTON, MA 02129-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN TSUCHIHASHI DIRECTOR 100 CITY SQUARE BOSTON, MA 02129-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT WILLIAM DAWSON DIRECTOR 100 CITY SQUARE BOSTON, MA 02129-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVIN LEE MOUCHAWAR EX VP 100 CITY SQUARE BOSONT, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W GRAY EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T MILDE EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL THOMAS EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN MILLER EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMIR DURRANI EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN WILLIAMS EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID VICE EX VP 100 CITY SQUARE BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ROBB RASMUSSEN TITLE: SR VP ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THOMAS S GARY TITLE: SR VP/CIO ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KRISHNA PRABHU TITLE: SR VP ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GABRIEL PARMESE TITLE: SR VP/CNTR/AT ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAWRENCE D WHELAN, JR TITLE: TREASURER ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD NADEL TITLE: ASST TREASURER ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JENNIFER M LURIE TITLE: ASST SECRETARY ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: C WHITNEY PEDERSEN TITLE: ASST SECRETARY ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ RICHARD NADEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD NADEL, ASST TREASURER PRINTED NAME AND CORPORATE TITLE
9/23/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	