

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000001001 (8)**

1. Corporation Name
GEAC COMPUTERS, INC.



Principal Place of Business: **320 NEVADE ST NEWTONVILLE MA 02160 US**
Mailing Address: **320 NEVADA ST NEWTONVILLE FL 02160 US**

3. Date Incorporated or Qualified: **12/31/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 320 Nevada Street**
22. Suite, Apt #, etc.
23. City & State: **Newtonville, MA**
24. Zip: **02160** 25. Country: **US**

4. FEI Number: **43-1367937**
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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, STEPHEN J	1.2 NAME	
STREET ADDRESS	6 SILVERGROVE, WILLOWDALE, ONTARIO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA M2L 2N6	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID G	2.2 NAME	
STREET ADDRESS	53 LAMBETH ROAD, ETOBICOKE, ONTARIO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA M9A 2Y8	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENBERG, SHELLEY R	3.2 NAME	
STREET ADDRESS	10 DU MAURIER CRESCENT	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL ONTARIO	3.4 CITY-ST-ZIP	
TITLE	ASAT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, THOMAS J.	4.2 NAME	
STREET ADDRESS	503 CUSHMAN RD	4.3 STREET ADDRESS	AT SMITH, KATHRYN A. 320 Nevada Street Newtonville, MA 02160
CITY-ST-ZIP	N ATTLEBORO MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, DONALD C	5.2 NAME	
STREET ADDRESS	129 DUNVEGAN, TORONTO, ONTARIO	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn A. Smith* 4/15/96 617 965-6310
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kathryn A. Smith, Assistant Treasurer**

CR2E034 (12/95)