

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 NEVADA STREET  
NEWTONVILLE MA 02160  
US**

**Mailing Address  
320 NEVADA ST  
NEWTONVILLE FL 02160-1458  
US**

**3. Date Incorporated or Qualified  
12/31/1992**      **3a. Date of Last Report  
04/23/1996**

**2. Principal Place of Business  
21 9 Technology Dr**

**2a. Mailing Address  
26 9 Technology Drive**

**4. FEI Number  
43-1367937**      **Applied For  
Not Applicable**

**22 City & State  
Westborough, MA**

**27 Box 5152  
City & State  
Westborough, MA**

**6. Certificate of Status Desired**       **\$8.75 Additional  
Fee Required**

**23 Zip  
01581**      **Country  
US**

**28 Zip  
01581**      **Country  
US**

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

**24 25 29 30**

**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 607.1508, 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**      Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SADLER, STEPHEN J</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>6 SILVERGROVE, WILLOWDALE, ONTARIO</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CANADA M2L 2N6</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VT</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SCOTT, DAVID G</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>53 LAMBETH ROAD, ETOBICOKE, ONTARIO</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CANADA M9A 2Y8</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VS</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ISENBERG, SHELLEY R</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>10 DU MAURIER CRESCENT</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>RICHMOND HILL ONTARIO</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>AT</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SMITH, KATHRYN A.</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>320 NEVADA STREET</b>	<b>4.3 STREET ADDRESS</b>	<b>Box 5152 9 Technology Drive</b>
<b>CITY - ST - ZIP</b>	<b>NEWTONVILLE MA</b>	<b>4.4 CITY - ST - ZIP</b>	<b>Westborough, MA 01581</b>
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WEBSTER, DONALD C</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>129 DUNVEGAN, TORONTO, ONTARIO</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CANADA</b>	<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	<b>P/D</b>
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	<b>William G. Nelson</b>
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	<b>11 Allstate Parkway Marsham, Ontario L3R 9T8</b>

**14. I do 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 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*      **4/9/97**      **508871-6970**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0000000  
**Kathryn A. Smith Asst. Treasurer**

CR2E034 (9/96)