

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

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**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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: **9 TECHNOLOGY DR  
WESTBOROUGH MA 01581  
US**  
Mailing Address: **9 TECHNOLOGY DRIVE  
BOX 5152  
WESTBOROUGH MA 01581  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1992**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **43-1367937** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 607.1508, 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 (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SADLER, STEPHEN J</b>
STREET ADDRESS	<b>6 SILVERGROVE, WILLOWDALE, ONTARIO</b>
CITY-ST-ZIP	<b>CANADA M2L 2N6</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>SCOTT, DAVID G</b>
STREET ADDRESS	<b>83 LAMBETH ROAD, ETOBICOKE, ONTARIO</b>
CITY-ST-ZIP	<b>CANADA M9A 2Y8</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>ISENBERG, SHELLEY R</b>
STREET ADDRESS	<b>10 DU MAURIER CRESCENT</b>
CITY-ST-ZIP	<b>RICHMOND HILL ONTARIO</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, KATHRYN A.</b>
STREET ADDRESS	<b>BOX 5152 9 TECHNOLOGY DRIVE</b>
CITY-ST-ZIP	<b>WESTBOROUGH MA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WEBSTER, DONALD C</b>
STREET ADDRESS	<b>129 DUNVEGAN, TORONTO, ONTARIO</b>
CITY-ST-ZIP	<b>CANADA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAM, NELSON G</b>
STREET ADDRESS	<b>11 ALLSTATE PARKWAY</b>
CITY-ST-ZIP	<b>MARKHAM ON</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn A. Smith* 4/21/98 200216000

CR2E034 (10/97)