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**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90007 006 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F92000001001**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	<b>12/31/1992</b>	<b>43-1367937</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
23	28			
Zip	Country	29	30	
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID G	1.2 NAME	
STREET ADDRESS	53 LAMBETH ROAD, ETOBICOKE, ONTARIO	1.3 STREET ADDRESS	11 Allstate Parkway, Suite 300
CITY-ST-ZIP	CANADA M9A 2Y8	1.4 CITY-ST-ZIP	Markham, Ontario L3R 9T8
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENBERG, SHELLEY R	2.2 NAME	
STREET ADDRESS	10 DU MAURIER CRESCENT	2.3 STREET ADDRESS	11 Allstate Parkway, Suite 300
CITY-ST-ZIP	RICHMOND HILL ONTARIO	2.4 CITY-ST-ZIP	Markham, Ontario L3R 9T8
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KATHRYN A.	3.2 NAME	
STREET ADDRESS	BOX 5152 9 TECHNOLOGY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, NELSON G	4.2 NAME	
STREET ADDRESS	11 ALLSTATE PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM ON	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 3/11/99 (508) 871-6970  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)