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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

[illegible] 1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000001001 (8)**

1. Corporate Name
**GEAC COMPUTERS, INC.**

Principal Place of Business
320 NEVADE ST
NEWTONVILLE MA 02160
US

Mailing Address
320 NEVADA ST
NEWTONVILLE FL 02160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc — 22
Suite Apt # etc — 27
City & State — 23
City & State — 28
St — 24
County — 25
St — 29
County — 30

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 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 Section 607.0505 of the Florida Statutes, the undersigned corporation submits the 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 I accept the obligations of, the position, under Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | TITLE | ☐ Change ☐ Addition |
| NAME | SADLER, STEPHEN J | NAME | |
| STREET ADDRESS | 6 SILVERGROVE, WILLOWDALE, ONTARIO | STREET ADDRESS | |
| CITY, ST, ZIP | CANADA M2L 2N6 | CITY, ST, ZIP | |
| TITLE | VT | TITLE | ☐ Change ☐ Addition |
| NAME | SCOTT, DAVID G | NAME | |
| STREET ADDRESS | 53 LAMBETH ROAD, ETOBICOKE, ONTARIO | STREET ADDRESS | |
| CITY, ST, ZIP | CANADA M9A 2Y8 | CITY, ST, ZIP | |
| TITLE | VS | TITLE | ☐ Change ☐ Addition |
| NAME | ISENBERG, SHELLEY R | NAME | |
| STREET ADDRESS | 10 DU MAURIER CRESCENT | STREET ADDRESS | |
| CITY, ST, ZIP | RICHMOND HILL ONTARIO | CITY, ST, ZIP | |
| TITLE | ASAT | TITLE | ☐ Change ☐ Addition |
| NAME | HOPKINS, THOMAS J. | NAME | |
| STREET ADDRESS | 503 CUSHMAN RD | STREET ADDRESS | |
| CITY, ST, ZIP | N ATTLEBORO MA | CITY, ST, ZIP | |
| TITLE | D | TITLE | ☐ Change ☐ Addition |
| NAME | WEBSTER, DONALD C | NAME | |
| STREET ADDRESS | 129 DUNVEGAN, TORONTO, ONTARIO | STREET ADDRESS | |
| CITY, ST, ZIP | CANADA | CITY, ST, ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |

14. I hereby certify that the information supplied with this filing, and absolutely nothing else, does not qualify for the exemptions stated in Section 119.07(3)(h), Florida Statutes. I further certify that this information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on any attachment with my address.

SIGNATURE: Thomas J. Hopkins — 4/28/95 — (617) 965-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. Hopkins

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