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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  
Suite, Apt. #, etc.

2a. Mailing Address

26 9 Technology Drive  
Suite, Apt. #, etc.

4. FEI Number

43-1367937

Applied For

Not Applicable

22 City & State

23 Westborough, MA

27 City & State

28 Westborough, MA

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 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SADLER, STEPHEN J	
STREET ADDRESS	6 SILVERGROVE, WILLOWDALE, ONTARIO	
CITY-ST-ZIP	CANADA M2L 2N6	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCOTT, DAVID G	
STREET ADDRESS	53 LAMBETH ROAD, ETOBICOKE, ONTARIO	
CITY-ST-ZIP	CANADA M9A 2Y8	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ISENBERG, SHELLEY R	
STREET ADDRESS	10 DU MAURIER CRESCENT	
CITY-ST-ZIP	RICHMOND HILL ONTARIO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SMITH, KATHRYN A.	
STREET ADDRESS	320 NEVADA STREET	
CITY-ST-ZIP	NEWTONVILLE MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, DONALD C	
STREET ADDRESS	129 DUNVEGAN, TORONTO, ONTARIO	
CITY-ST-ZIP	CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Box 5152 9 Technology Drive
4.4 CITY-ST-ZIP	Westborough, MA 01581
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 checked="" type="checkbox"/> Addition
6.2 NAME	P/D William G. Nelson
6.3 STREET ADDRESS	11 Allstate Parkway
6.4 CITY-ST-ZIP	Markham, Ontario L3R 9T8

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  
Kathryn A. Smith Asst. Treasurer

4/9/97 508871-6970

Date

Daytime Phone # 0000000

CR2E034 (9/96)