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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

Mailing Address

9 TECHNOLOGY DR
WESTBOROUGH MA 01581
US

9 TECHNOLOGY DRIVE
BOX 5152
WESTBOROUGH MA 01581
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/31/1992

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE

P

☒ DELETE

NAME

SADLER, STEPHEN J

STREET ADDRESS

6 SILVERGROVE, WILLOWDALE, ONTARIO

CITY-ST-ZIP

CANADA M2L 2N6

TITLE

VT

☐ DELETE

NAME

SCOTT, DAVID G

STREET ADDRESS

53 LAMBETH ROAD, ETOBICOKE, ONTARIO

CITY-ST-ZIP

CANADA M9A 2Y8

TITLE

VS

☐ DELETE

NAME

ISENBERG, SHELLEY R

STREET ADDRESS

10 DU MAURIER CRESCENT

CITY-ST-ZIP

RICHMOND HILL ONTARIO

TITLE

AT

☐ DELETE

NAME

SMITH, KATHRYN A.

STREET ADDRESS

BOX 5152 9 TECHNOLOGY DRIVE

CITY-ST-ZIP

WESTBOROUGH MA

TITLE

D

☒ DELETE

NAME

WEBSTER, DONALD C

STREET ADDRESS

129 DUNVEGAN, TORONTO, ONTARIO

CITY-ST-ZIP

CANADA

TITLE

PD

☐ DELETE

NAME

WILLIAM, NELSON G

STREET ADDRESS

11 ALLSTATE PARKWAY

CITY-ST-ZIP

MARKHAM ON

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 registered or trusted 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

4/21/98 000216000

CR2E034 (10/97)