

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P31010

1. Entity Name

GEAC ENTERPRISE SOLUTIONS, INC.



Principal Place of Business

66 PERIMETER CENTER EAST
ATLANTA GA 30346-1805

Mailing Address

66 PERIMETER CENTER EAST
ATLANTA GA 30346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

13-3552561

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME SNIDER, JEFFERY M
STREET ADDRESS 120 TURNPIKE RD
CITY-STATE-ZIP SOUTHBOROUGH MA 01772

TITLE C ☐ Delete
NAME DE WINTER, DONNA
STREET ADDRESS 11 ALLSTATE PARKWAY
CITY-STATE-ZIP MARKHAM, ONTARIO CN 13r- 9t8

TITLE V ☐ Delete
NAME MYSKIW, MICHAEL
STREET ADDRESS 11 ALLSTATE PARKWAY
CITY-STATE-ZIP MARKHAM, ONTARIO CN 13r- 9t8

TITLE AT ☐ Delete
NAME ANDERSON, KEITH
STREET ADDRESS 66 PERIMETER CENTER EAST
CITY-STATE-ZIP ATLANTA GA 30346

TITLE AS ☐ Delete
NAME DAVIS, CINDY
STREET ADDRESS 66 PERIMETER CENTER EAST
CITY-STATE-ZIP ATLANTA GA 30346

TITLE T ☐ Delete
NAME ANGANU, HEMA
STREET ADDRESS 11 ALLSTATE PARKWAY
CITY-STATE-ZIP MARKHAM, ONTARIO CN 13r- 9t8

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME 04/11/05-80027-001 150.00
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME 000000297391
STREET ADDRESS 04/11/05-80027-001 150.00
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

Date

404-239-2000

Daytime Phone #