

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108118

Entity Name: CGI SYSTEMS MANAGEMENT, INC.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

100 NORTH TAMPA STREET
SUITE 4100 ATTN: LESLIE ARNETT
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

100 NORTH TAMPA STREET
SUITE 4100 ATTN: LESLIE ARNETT
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3582863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHP () Delete
Name: GODIN, SERGE
Address: 57 BERVEDERE ROAD
City-St-Zip: WESTMOUNT, QU H3Y 1P7 CA

Title: DVPT () Delete
Name: IMBEAU, ANDRE
Address: 2806 RICHELIEU STREET
City-St-Zip: BELOEIL, QU J3G 2C9 CA

Title: DVPS () Delete
Name: DORE, PAULE
Address: 69 BELOEIL AVENUE
City-St-Zip: OUTREMONT, QU H2V 2Z1 CA

Title: VPC () Delete
Name: ANDERSON, DAVID
Address: 655 BROADVIEW, PENTHOUSE 1
City-St-Zip: TORONTO, ON M4K 2P3 CA

Title: VP () Delete
Name: ROY, JACQUES
Address: 1190 DE HONFLEUR, BOUCHERVILLE
City-St-Zip: BOUCHERVILLE, QU J4B 8G2 CA

Title: AS () Delete
Name: MASSE, DAVID G
Address: 52 BURNS STREET, MONTREAL
City-St-Zip: MONTREAL, QU H9W 3X4 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPC (X) Change () Addition
Name: BOULANGER, FRANCOIS
Address: 1130 SHERBROOKE ST. WEST, 7TH FLOOR
City-St-Zip: MONTREAL, QC H3A 2M8 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. MASSE

AS

02/03/2006

Electronic Signature of Signing Officer or Director

Date