

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108118

Entity Name: CGI SYSTEMS MANAGEMENT, INC.**Current Principal Place of Business:**100 NORTH TAMPA STREET
SUITE 4100
TAMPA, FL 33602**Current Mailing Address:**100 NORTH TAMPA STREET
SUITE 4100
TAMPA, FL 33602 US**FEI Number:** 59-3582863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	CEOD
Name	ROACH, MICHAEL E
Address	1350 RENE-LEVESQUE BOULEVARD WEST
City-State-Zip:	MONTREAL QC H3G 1T4

Title	CONTROLLER, DIRECTOR
Name	WAPLE, MICHAEL
Address	11325 RANDOM HILLS ROAD
City-State-Zip:	FAIRFAX 22030

Title	CFO, EVP, D
Name	ANDERSON, R. DAVID
Address	1350 RENE-LEVESQUE BOULEVARD WEST
City-State-Zip:	MONTREAL QC H3G1T4

Title	PD
Name	SCHINDLER, GEORGE
Address	11325 RANDOM HILLS ROAD
City-State-Zip:	FAIRFAX VA 22030

Title	SVP, D
Name	FIGINI, JOSEPH C
Address	11325 RANDOM HILLS ROAD
City-State-Zip:	FAIRFAX VA 22030

Title	VPS
Name	DUBE, BENOIT
Address	1130 SHERBROOKE ST. WEST, 7TH FLOOR
City-State-Zip:	MONTREAL QC H3A 2-M8

I hereby 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 all other like empowered.

SIGNATURE: BENOIT DUBE**SECRETARY****04/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date