


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90013 029 ***150.00

DOCUMENT # F01000004846	
1. Entity Name ACCPAC INTERNATIONAL, INC.	

Principal Place of Business 6700 KOLL CENTER PARKWAY, SUITE 300 PLEASANTON, CA 94566	Mailing Address 6700 KOLL CENTER PARKWAY, SUITE 300 PLEASANTON, CA 94566
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50002855



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 77-0469911	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOD, DAVID H <input checked="" type="checkbox"/> Delete 6700 KOLL CENTER PARKWAY, SUITE 300 PLEASANTON, CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMON, DAVID <input checked="" type="checkbox"/> Delete 6700 KOLL CENTER PARKWAY, SUITE 300 PLEASANTON, CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LETTMAN, DONNAT <input checked="" type="checkbox"/> Delete 6700 KOLL CENTER PARKWAY, SUITE 300 PLEASANTON, CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD & DIRECTOR VERNI RONALD F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 KOLL CENTER PKWY 3F PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANSAL NARESH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 KOLL CTR PKWY 3F PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAUL HARRISON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 KOLL CTR PKWY 3F PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES R. ECKSTAEDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 KOLL CTR PKWY 3F PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAUL A. WALKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6700 KOLL CTR PKWY 3F PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 all other like empowered.

SIGNATURE: NARESH BANSAL **01/05/2005** **925-461-6738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #