

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

320 NEVADE ST
NEWTONVILLE MA 02160
US

Mailing Address

320 NEVADA ST
NEWTONVILLE FL 02160
US

3. Date Incorporated or Qualified
12/31/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 320 Nevada Street

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Newtonville, MA

28 City & State

24 02160 25 US

29 Zip Country

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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 607.1506, 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 based on previous filing for Florida and not applicable.

Signature of Registered Agent required after re-filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SADLER, STEPHEN J
STREET ADDRESS 6 SILVERGROVE, WILLOWDALE, ONTARIO
CITY-ST-ZIP CANADA M2L 2N6 ☐ DELETE

TITLE VT
NAME SCOTT, DAVID G
STREET ADDRESS 53 LAMBETH ROAD, ETOBICOKE, ONTARIO
CITY-ST-ZIP CANADA M9A 2Y8 ☐ DELETE

TITLE VS
NAME ISENBERG, SHELLEY R
STREET ADDRESS 10 DU MAURIER CRESCENT
CITY-ST-ZIP RICHMOND HILL ONTARIO ☐ DELETE

TITLE ASAT
NAME HOPKINS, THOMAS J.
STREET ADDRESS 503 CUSHMAN RD
CITY-ST-ZIP N ATTLEBORO MA ☒ DELETE

TITLE D
NAME WEBSTER, DONALD C
STREET ADDRESS 129 DUNVEGAN, TORONTO, ONTARIO
CITY-ST-ZIP CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AT
SMITH, KATHRYN A.
320 Nevada Street
Newtonville, MA 02160

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

617 965-6310

CR2E034 (12/95)