

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90007 006 ***150.00

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DOCUMENT # F92000001001

1. Corporation Name

GEAC COMPUTERS, INC.



Principal Place of Business

**9 TECHNOLOGY DR
WESTBOROUGH MA 01581
US**

Mailing Address

**9 TECHNOLOGY DRIVE
BOX 5152
WESTBOROUGH MA 01581
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

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

TITLE **AT**
NAME **SMITH, KATHRYN A.**
STREET ADDRESS **BOX 5152 9 TECHNOLOGY DRIVE**
CITY-ST-ZIP **WESTBOROUGH MA**

TITLE **PD**
NAME **WILLIAM, NELSON G**
STREET ADDRESS **11 ALLSTATE PARKWAY**
CITY-ST-ZIP **MARKHAM ON**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE **VT**
1.2 NAME
1.3 STREET ADDRESS **11 Allstate Parkway, Suite 300**
1.4 CITY-ST-ZIP **Markham, Ontario L3R 9T8**

2.1 TITLE **VS**
2.2 NAME
2.3 STREET ADDRESS **11 Allstate Parkway, Suite 300**
2.4 CITY-ST-ZIP **Markham, Ontario L3R 9T8**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

(508) 871-6970

Date

Daytime Phone #

CR2E034 (11/98)