

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

DOCUMENT # F94000000250

1. Corporation Name

CGI INFORMATION SYSTEMS & MANAGEMENT CONSULTANTS  
, INC.

Principal Place of Business

2 TECH DRIVE  
ANDOVER MA 01810

Mailing Address

2 TECH DRIVE  
ANDOVER MA 01810

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GODIN, SERGE	
STREET ADDRESS	1130 SHERBROOKE STREET	
CITY-ST-ZIP	MONTREAL QU H3A2M	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEEL, ROBERT	
STREET ADDRESS	TWO TECH DRIVE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IMBEAU, ANDRE	
STREET ADDRESS	1130 SHERBROOKE STREET	
CITY-ST-ZIP	MONTREAL QU H3A2M	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DORE, PAULE	
STREET ADDRESS	1130 SHERBROOKE STREET	
CITY-ST-ZIP	MONTREAL QU H3A2M	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MORRIS, JUNE	
STREET ADDRESS	2 TECH DRIVE	
CITY-ST-ZIP	ANDOVER MA 01801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRASSARD, JEAN	
STREET ADDRESS	1130 SHERBROOKE STREET	
CITY-ST-ZIP	MONTREAL QU H3A2M	

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Godin, Serge	
13 STREET ADDRESS	1130 Sherbrooke Street	
14 CITY-ST-ZIP	Montreal QU H3A2M8	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	300002833023--8	
24 CITY-ST-ZIP		
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Imbeau, Andre	
33 STREET ADDRESS	1130 Sherbrooke Street	
34 CITY-ST-ZIP	Montreal QU H3A2M8	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Dore, Paule	
43 STREET ADDRESS	1130 Sherbrooke Street	
44 CITY-ST-ZIP	Montreal QU H3A2M8	
51 TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Morris, June	
53 STREET ADDRESS	2 Tech Drive	
54 CITY-ST-ZIP	Andover MA 01810	
61 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Brassard, Jean	
63 STREET ADDRESS	1130 Sherbrooke Street	
64 CITY-ST-ZIP	Montreal QU H3A2M8	

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

June M. Morris

Asishia Secech

3/1/99

(978) 682-5500

Daytime Phone #

FILED

99 APR -8 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

04-2925735

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

10. Name and Address of New Registered Agent

0000470

CR2E034 (11/98)