

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 039 ***550.00

0136784 AB

DOCUMENT # F94000000250

1. Entity Name

CGI INFORMATION SYSTEMS & MANAGEMENT CONSULTANTS

Principal Place of Business

**600 FEDERAL STREET
 ANDOVER MA 01810**

Mailing Address

**600 FEDERAL STREET
 ANDOVER MA 01810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2925735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
 NAME **GODIN, SERGE**
 STREET ADDRESS **1130 SHERBROOKE STREET**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **STEEL, ROBERT**
 STREET ADDRESS **600 FEDERAL STREET**
 CITY-ST-ZIP **ANDOVER MA 01810**

TITLE **VP USA OPERATIONS** ☐ Change ☒ Addition
 NAME **STEPHANE GAUTHIER**
 STREET ADDRESS **600 FEDERAL ST**
 CITY-ST-ZIP **ANDOVER MA 01810**

TITLE **TD** ☐ Delete
 NAME **IMBEAU, ANDRE**
 STREET ADDRESS **1130 SHERBROOKE STREET**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **DORE, PAULE**
 STREET ADDRESS **1130 SHERBROOKE STREET**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
 NAME **ANDERSON, R. DAVID**
 STREET ADDRESS **1130 SHERBROOKE STREET**
 CITY-ST-ZIP **ANDOVER MA 01810**

TITLE **EXECUTIVE VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **FRANCOIS CHASSE**
 STREET ADDRESS **1130 SHERBROOKE ST**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

TITLE **PD** ☒ Delete
 NAME **BRASSARD, JEAN**
 STREET ADDRESS **1130 SHERBROOKE STREET**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **JACQUES ROY**
 STREET ADDRESS **1130 SHERBROOKE ST**
 CITY-ST-ZIP **MONTREAL QU H3A2M8**

13. 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 11 or Block 12 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

Date

Daytime Phone #

7/13/01 978-946-3000

CR2E034 (5/01)