

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003022 (0)**

1. Corporation Name
CAP GEMINI AMERICA, INC.

Principal Place of Business 1114 AVE. OF THE AMERICANS NEW YORK NY 10036	Mailing Address 1114 AVE. OF THE AMERICANS NEW YORK NY 10036-7703
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1984	3a. Date of Last Report 01/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-1157763		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SR. VICE PRESIDENT/TREASURER
NAME	BERTY, MICHEL	1.2 NAME	BRUCE POSNER
STREET ADDRESS	20 BEEKMAN PLACE	1.3 STREET ADDRESS	130 ROUND HILL DRIVE
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	FREEHOLD, NJ 07728
TITLE	D	2.1 TITLE	SECRETARY
NAME	JALABERT, MICHEL	2.2 NAME	DAVID ZARFES
STREET ADDRESS	30 BOULEVARD DU CHATEAU	2.3 STREET ADDRESS	400 EAST 70TH STREET, APT 2602
CITY-ST-ZIP	92 NEVILLY FRANCE	2.4 CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	0	3.1 TITLE	
NAME	BERLIND, MARK H	3.2 NAME	
STREET ADDRESS	8 HORIZON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENDHAM NJ 07045	3.4 CITY-ST-ZIP	
TITLE	0	4.1 TITLE	
NAME	FORREST, PAUL J	4.2 NAME	
STREET ADDRESS	490 WEST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	SEILLIERE, ERNEST-AUTOINE
NAME	SEILLIERS, ERNEST-AUTOINE	5.2 NAME	
STREET ADDRESS	89, RUE TAITBOUT	5.3 STREET ADDRESS	
CITY-ST-ZIP	75009 PARIS, FRANCE	5.4 CITY-ST-ZIP	
TITLE	0	6.1 TITLE	
NAME	BOLKIN, EVE B	6.2 NAME	
STREET ADDRESS	200 W. 58TH ST., APT. 11C	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do 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 13 or is changed, or on an attachment with an address.

SIGNATURE:  **BRUCE POSNER** 4/15/97 (908) 946-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006362

CR2E034 (9/96)