

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

54-1157763

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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

TITLE PD
NAME BERTY, MICHEL
STREET ADDRESS 20 BEEKMAN PLACE
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE D
NAME JALABERT, MICHEL
STREET ADDRESS 90 BOULEVARD DU CHATEAU
CITY-ST-ZIP 92 NEVILLY FRANCE

DELETE

TITLE SVPT
NAME POSNER, BRUCE
STREET ADDRESS 130 ROUND HILL DR.
CITY-ST-ZIP FREEHOLD NJ

DELETE

TITLE S
NAME ZARFES, DAVID
STREET ADDRESS 400 E. 70TH ST., APT. 2802
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE S
NAME SEILLIERE, ERNEST-ANTOINE
STREET ADDRESS 89, RUE TAITBOUT
CITY-ST-ZIP 75009 PARIS, FRANCE

DELETE

TITLE O
NAME BOLKIN, EVE B
STREET ADDRESS 200 W. 58TH ST., APT. 11C
CITY-ST-ZIP NEW YORK NY

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D. Michael Meyer
12 NAME President & Chief Executive Officer
13 STREET ADDRESS 173 Quarter Horse Lane
14 CITY-ST-ZIP Fairfield, CT 06430

Change Addition

21 TITLE Gerald Nuzum
22 NAME Chief Operating Officer
23 STREET ADDRESS 6088 Ledgeview Drive
24 CITY-ST-ZIP Penninsula, OH 44264

Change Addition

31 TITLE Serge Kampf, Dir
32 NAME LaPanicaud, C-em des Arriots
33 STREET ADDRESS 38330 Biviers, France

Change Addition

41 TITLE Eric Geoffrey Unwin, Dir
42 NAME 17 Park Village West
43 STREET ADDRESS London N.W. 1NW14AE
44 CITY-ST-ZIP United Kingdom

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 of this report.

CR2E004 (10/97)

4/10/98 733 333 3388