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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002155 (7)

1. Corporation Name

GEAC PUBLIC SAFETY INC.



Principal Place of Business

320 NEVADA ST.
NEWTONVILLE MA 02160

Mailing Address

320 NEVADA ST.
NEWTONVILLE MA 02160-1458

3. Date Incorporated or Qualified

04/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 3707 W. Cherry St
Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip 33607

25 Country US

2a. Mailing Address

26 9 Technology Drive
Suite, Apt. #, etc.

27 Box 5152

28 Westborough, MA

29 Zip 01581

30 Country

4. FEI Number

04-3200087

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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

TITLE C ☒ DELETE

NAME WEBSTER, DONALD C
STREET ADDRESS 11 ALLSTATE PARKWAY, SUITE 300
CITY- ST- ZIP MARKHAM, ONTARIO L3R9T8

TITLE P ☒ DELETE

NAME SADLER, STEPHEN J
STREET ADDRESS 11 ALLSTATE PARKWAY, SUITE 300
CITY- ST- ZIP MARKHAM, ONTARIO L3R9T8

TITLE S ☐ DELETE

NAME ISENBERG, SHELLEY R
STREET ADDRESS 11 ALLSTATE PARKWAY, SUITE 300
CITY- ST- ZIP MARKHAM, ONTARIO L3R9T8

TITLE T ☐ DELETE

NAME SCOTT, DAVID G.B.
STREET ADDRESS 11 ALLSTATE PARKWAY, SUITE 300
CITY- ST- ZIP MARKHAM, ONTARIO L3R9T8

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

11 TITLE D ☐ Change ☒ Addition

12 NAME William G. Nelson
13 STREET ADDRESS 11 Allstate Parkway
14 CITY- ST- ZIP Markham, Ontario L3R 9T8

21 TITLE P ☐ Change ☒ Addition

22 NAME William G. Nelson
23 STREET ADDRESS 11 Allstate Parkway
24 CITY- ST- ZIP Markham, Ontario L3R 9T8

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE AT ☐ Change ☒ Addition

52 NAME Kathryn A. Smith
53 STREET ADDRESS Box 5152 9 Technology Drive
54 CITY- ST- ZIP Westborough, MA 01581

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn A. Smith
Asst. Treasurer

4/9/97

Date

508 871-6970

Daytime Phone # 0000682

CR2E034 (9/96)