


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91231 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004280			
1. Entity Name COMSHARE (U.S.), INC.			
Principal Place of Business 555 BRIARWOOD CIR ANN ARBOR, MI 48108		Mailing Address 555 BRIARWOOD CIR ANN ARBOR, MI 48108 US	
2. Principal Place of Business		3. Mailing Address c/o Geac Tax Dept.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 606 Perimeter Center East	
City & State		City & State Atlanta, GA	
Zip	Country	Zip	Country
30346	USA	30346	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when renouncing)			



04262004 Chg-P CR2E034 (10/03)

4. FEI Number **38-3295148** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	<input checked="" type="checkbox"/> Delete	TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANSTER, DENNIS		NAME	Snider, Jeffrey	
STREET ADDRESS	1040 LAKERIDGE DR		STREET ADDRESS	120 Turnpike Road	
CITY-ST-ZIP	BRIGHTON, MI 48116		CITY-ST-ZIP	Southborough, MA 01772-2104	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARZYNSKI, BRIAN		NAME	de Winter, Donna	
STREET ADDRESS	302 SAVANNAH DRIVE		STREET ADDRESS	11 Allstate Parkway	
CITY-ST-ZIP	CANTON, MI 48187		CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRYMAN, PATRICK		NAME	Myshkiw, Michael	
STREET ADDRESS	13547 BISMARCK CT		STREET ADDRESS	11 Allstate Parkway	
CITY-ST-ZIP	HARTLAND, MI 48353		CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARZYNSKI, BRIAN		NAME	Anganu, Hema	
STREET ADDRESS	302 SAVANNAH DRIVE		STREET ADDRESS	11 Allstate Parkway	
CITY-ST-ZIP	CANTON, MI 48187		CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Nelson, William G.	
STREET ADDRESS			STREET ADDRESS	11 Allstate Parkway	
CITY-ST-ZIP			CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered

SIGNATURE: *[Signature]* **MICHAEL MYSHKIW** *[Signature]* **05/03/04** **984-239-2173**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Phone #