

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 020 ***150.00

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1. Entity Name
GEAC PERFORMANCE MANAGEMENT (U.S.), INC.



40079207



04252006 Chg-P CR2E034 (11/05)

Principal Place of Business
**106 PERIMETER CENTER EAST
ATLANTA, GA 30346**

Mailing Address
**C/O GEAC TAX DEPT.
66 PERIMETER CENTER EAST
ATLANTA, GA 30346 US**

2. Principal Place of Business
106 PERIMETER CENTER EAST

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ATLANTA, GEORGIA

Zip
30346-1805

Country
U.S.A.

City & State
City & State

Zip
Zip

Country
Country

4. FEI Number
38-3295148

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SNIDER, JEFFREY 120 TURNPIKE ROAD SOUTHBOROUGH, MA 017722104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE WINTER, DONNA 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN, OC 13r 918	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYSKIW, MICHAEL 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN, OC 13r 918	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGANU, HEMA 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN, OC 13r 918	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WILLIAM G 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN, OC 13r 918	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	B/P KEN WILSON 106 PERIMETER CENTER EAST ATLANTA, GA 30346-1805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL FLEISCHER 1000 WINDWARD CONCOURSE PARKWAY ALPHARETTA, GA 30005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEITH ANDERSON 106 PERIMETER CENTER EAST ATLANTA, GA 30346-1805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAD STEINER 100 FIFTH AVENUE WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the corporation or changed, or on an

Signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

[Signature]

TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(404) 239-2000