

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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90076 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003616

1. Corporation Name  
GIGA INFORMATION GROUP, INC.



Principal Place of Business  
ONE LONGWATER CIRCLE  
NORWELL MA 02061

Mailing Address  
ONE LONGWATER CIRCLE  
NORWELL MA 02061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

06-1422860

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEMS  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324

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 EVP ☐ DELETE  
NAME GRAHAM, JAMES  
STREET ADDRESS ONE LONGWATER CIRCLE  
CITY-ST-ZIP NORWELL MA 02061

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Irwin Lieber  
1.3 STREET ADDRESS 767 5th Ave. 45th Floor  
1.4 CITY-ST-ZIP New York, NY 10153

TITLE CFO ☐ DELETE  
NAME CLARKE, DANIEL M  
STREET ADDRESS ONE LONGWATER CIRCLE  
CITY-ST-ZIP NORWELL MA 02061

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Josh Weston  
2.3 STREET ADDRESS 1 ADP Blvd.  
2.4 CITY-ST-ZIP Roseland, NJ 07068

TITLE D ☐ DELETE  
NAME GILMOUR, DAVID L  
STREET ADDRESS 3945 FREEDOM CIRCLE STE 720  
CITY-ST-ZIP SANTA CLARA CA 95054

3.1 TITLE CEO ☐ Change ☒ Addition  
3.2 NAME Gideon Gartner  
3.3 STREET ADDRESS 200 West 57th St. Suite 1208  
3.4 CITY-ST-ZIP New York, NY 10019

TITLE D ☐ DELETE  
NAME BROWNSTEIN, NEILL H  
STREET ADDRESS 536 WEST CRESCENT DRIVE  
CITY-ST-ZIP PALO ALTO CA 94301

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CRANDALL, RICHARD L  
STREET ADDRESS 505 EAST HURON ST 201  
CITY-ST-ZIP ANN ARBOR MI 48104

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GOLDSTEIN, BERNARD  
STREET ADDRESS 126 EAST 56TH ST 22ND FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/26/99

701-982-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)