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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 # P00362

(4)

1. Corporation Name

GEAC COMMERCIAL SYSTEMS, 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
12/21/1983

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 3150 Premier Drive

26 9 Technology Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 128

27 Box 5152

City & State

City & State

23 Irving, TX

28 Westborough, MA

Zip

Country

Zip

Country

24 75063

25 US

29 01581

30

4. FEI Number

56-1228565

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 P ☒ DELETE

NAME SADLER, STEPHEN J.
STREET ADDRESS 6 SILVERGROVE
CITY-ST-ZIP WILLOWDALE, ONT., CANADA

TITLE S ☐ DELETE

NAME ISENBERG, SHELLEY R.
STREET ADDRESS 10 DU MAURIER CRESCENT
CITY-ST-ZIP RICHMOND HILL, ONT., CANADA

TITLE T ☐ DELETE

NAME SCOTT, DAVID G.B.
STREET ADDRESS 53 LAMBETH RD
CITY-ST-ZIP ETOBIOKE, ONT., CANADA

TITLE AT ☐ DELETE

NAME SMITH, KATHRYN A.
STREET ADDRESS 320 NEVADA STREET
CITY-ST-ZIP NEWTONVILLE MA

TITLE D ☒ DELETE

NAME WEBSTER, DONALD C.
STREET ADDRESS 129 DUNVEGAN
CITY-ST-ZIP TORONTO, ONT., CANADA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME William G. Nelson
1.3 STREET ADDRESS 11 Allstate Parkway
1.4 CITY-ST-ZIP Markham, Ontario L3R 9T8

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS Box 5152 9 Technology Drive
4.4 CITY-ST-ZIP Westborough, MA 01581

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 # 0000884

CR2E034 (9/96)