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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31010**

(2)

1. Corporation Name

GEAC COMPUTER SYSTEMS, INC.

Principal Place of Business

**66 PERIMETER CENTER EAST
ATLANTA GA 30346-1805**

Mailing Address

**ATTN: LEGAL DEPARTMENT
66 PERIMETER CENTER EAST
ATLANTA GA 30346-1805**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1990

4. FEI Number

13-3552561

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

9 Technology Drive

Suite, Apt. #, etc.

27

Box 5152

City & State

28

Westborough, MA

Zip

29

01581

Country

30

USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PCEO
WILLIAM G. NELSON
11 ALLSTATE PARKWAY
MARKHAM ON**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VC
STEPHEN J. SADLER
11 ALLSTATE PARKWAY
MARKHAM ON**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
SHELLEY R. ISENBERG
11 ALLSTATE PARKWAY
MARKHAM ON**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AT
Kathryn A. Smith
Box 5152 9 Technology Drive
Westborough, MA 01581**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AT
Kathryn A. Smith
Box 5152 9 Technology Drive
Westborough, MA 01581**

☐ DELETE

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**AT
Kathryn A. Smith
Box 5152 9 Technology Drive
Westborough, MA 01581**

☐ DELETE

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 in the attachment with an address.

SIGNATURE:

Kathryn A. Smith

4/21/98 508871-6970

CR2E034 (10/97)