



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P31010</b>			
1. Entity Name <b>GEAC ENTERPRISE SOLUTIONS, INC.</b>			
Principal Place of Business <b>66 PERIMETER CENTER EAST ATLANTA, GA 30346-1805</b>		Mailing Address <b>120 TURNPIKE ROAD TAX DEPT SOUTHBOROUGH, MA 01772-2104 US</b>	
2. Principal Place of Business		3. Mailing Address <b>66 Perimeter Center East</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Atlanta, GA</b>	
Zip	Country	Zip <b>30346</b>	Country <b>USA</b>
4. FEI Number <b>13-3562581</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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		DATE	
Signature, name or printer name of registered agent and fee if applicable		NOTE: Registered Agent signature required when relocating	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO <input checked="" type="checkbox"/> Delete	TITLE	<b>P/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRCH, PAUL</b>	NAME	<b>Jeffrey M. Snider</b>
STREET ADDRESS	<b>120 TURNPIKE RD</b>	STREET ADDRESS	<b>120 Turnpike Road</b>
CITY-ST-ZIP	<b>SOUTHBOROUGH, MA 017722104</b>	CITY-ST-ZIP	<b>Southborough, MA 01772</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GITAJN, ARTHUR</b>	NAME	<b>Donna de Winter</b>
STREET ADDRESS	<b>11 ALLSTATE PKWY</b>	STREET ADDRESS	<b>11 Allstate Parkway</b>
CITY-ST-ZIP	<b>MARKHAM ONTARIO, CA-L3R- T8</b>	CITY-ST-ZIP	<b>Markham, Ontario, Canada L3R 9T8</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRENT, JOHN</b>	NAME	<b>Michael Myskiw</b>
STREET ADDRESS	<b>66 PERIMETER CENTER EAST</b>	STREET ADDRESS	<b>11 Allstate Parkway</b>
CITY-ST-ZIP	<b>ATLANTA, GA 30348</b>	CITY-ST-ZIP	<b>Markham, Ontario, Canada L3R 9T8</b>
TITLE	<b>AT</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOMBA, KATHRYN A. S</b>	NAME	<b>Keith Anderson</b>
STREET ADDRESS	<b>120 TURNPIKE ROAD, TAX DEPT</b>	STREET ADDRESS	<b>66 Perimeter Center East</b>
CITY-ST-ZIP	<b>SOUTHBOROUGH, MA 017722104</b>	CITY-ST-ZIP	<b>Atlanta, GA 30346</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, WILLIAM G</b>	NAME	<b>Cindy Davis</b>
STREET ADDRESS	<b>11 ALLSTATE PKWY</b>	STREET ADDRESS	<b>66 Perimeter Center East</b>
CITY-ST-ZIP	<b>MARKHAM ONTARIO, CA. L3R 9T8</b>	CITY-ST-ZIP	<b>Atlanta, GA 30346</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Hema Angaria</b>
STREET ADDRESS		STREET ADDRESS	<b>11 Allstate Parkway</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Markham, Ontario, Canada L3R 9T8</b>
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 address, with all other like empowered.			
SIGNATURE: 		DATE: <b>4/23/04</b>	
NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MICHAEL MYSKIW</b>		DATE AND PHONE NUMBER <b>404-239-2173</b>	

ATTACHMENT

54651663  
# P31010

**Geac Enterprise Solutions, Inc.**  
**FEIN: 13-3552561**  
**Florida Annual Report**

**Officer Listing Continued**

Title: Assistant Secretary  
Name: Anna Forgione  
Street Address: 11 Allstate Parkway  
City - ST - ZIP: Markham, Ontario, Canada L3R 9T8