FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:08

DOCUMENT # **P39633** **(3)**

1. Corporation Name
CGI SYSTEMS, INC.

Principal Place of Business	Mailing Address
1180 W. SWEDESFORD RD., BERWYN PA 19312	1180 W. SWEDESFORD RD., BERWYN PA 19312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **02/01/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: **23-2666845** ☐ 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

RIDDLE RONALD
7040 LAKE ELLENOR DR
STE 135
ORLANDO FL 32809

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FERRANDINO, JOSEPH R.	12 NAME	
STREET ADDRESS	2573 CRUM CREEK RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RAMSDELL, RICHARD A.	22 NAME	
STREET ADDRESS	4 JOY RD.	23 STREET ADDRESS	
CITY-ST-ZIP	SUFFERN NY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BRYANT, MAURY	32 NAME	
STREET ADDRESS	49 EDGEWOOD AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	LARCHMONT NY	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PORRECCA, SAMUEL S.	42 NAME	
STREET ADDRESS	276 HEATHER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, JOHN	52 NAME	
STREET ADDRESS	SWIDLER & BERLIN, S-300	53 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CHAPOT, BERNARD	62 NAME	
STREET ADDRESS	30 RUEDE CHATEAU ROBERTS	63 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Samuel S. Porrecca VICE PRESIDENT 2/22/95 610-993-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474138 FP