2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# P40259

Entity Name: CGI INFORMATION SYSTEMS AND MANAGEMENT CONSULTANTS PRIVATE LIMITED, INC.

Current Principal Place of Business:

1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

600 FEDERAL STREET
ANDOVER, MA 01810

New Mailing Address:

FEI Number: 58-1992431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	IMBEAU, ANDRE	
Address:	1130 SHERBROOKE ST. WEST, 5TH FLOOR	
City-St-Zip:	MONTREAL, QUEBEC, CANADA, H3A2M8	
Title:	D	( ) Delete
Name:	DORE, PAULE	
Address:	1130 SHERBROOKE ST. WEST, 5TH FLOOR	
City-St-Zip:	MONTREAL, QUEBEC, CANADA, H3A2M8 OC	
Title:	D	( ) Delete
Name:	SALIBA, JOSEPH	
Address:	1130 SHERBROOKE ST. WEST, 5TH FLOOR	
City-St-Zip:	MONTREAL, QUEBEC, CANADA, H3A2M8 OC	
Title:	D	( ) Delete
Name:	ROACH, MICHAEL E	
Address:	1130 SHERBROOKE ST. WEST, 5TH FLOOR	
City-St-Zip:	MONTREAL, QUEBEC, CANADA, H3A2M8 OC	
Title:	V	( ) Delete
Name:	GURUMUKHDAS BHATIA, GIRISH	
Address:	38/1 NAGANATHAPURA ELECTRONIC CITY POST	
City-St-Zip:	BANGALORE, INDIA, 560100 OC	
Title:	S	( ) Delete
Name:	SUNDARESAN, R.	
Address:	38/1 NAGANATHAPURA ELECTRONIC CITY POST	
City-St-Zip:	BANGALORE, INDIA, 560100 OC	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULE DORÉ D 07/11/2006

Electronic Signature of Signing Officer or Director Date