

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108118

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: CGI SYSTEMS MANAGEMENT, INC.

## Current Principal Place of Business:

100 NORTH TAMPA STREET  
SUITE 4100 ATTN: LESLIE ARNETT  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH TAMPA STREET  
SUITE 4100 ATTN: LESLIE ARNETT  
TAMPA, FL 33602 US

## New Mailing Address:

FEI Number: 59-3582863      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: CHP ( ) Delete  
Name: GODIN, SERGE  
Address: 57 BERVEDERE ROAD  
City-St-Zip: WESTMOUNT, QU H3Y 1P7 CA

Title: DVPT ( ) Delete  
Name: IMBEAU, ANDRE  
Address: 2806 RICHELIEU STREET  
City-St-Zip: BELOEIL, QU J3G 2C9 CA

Title: DVPS ( ) Delete  
Name: DORE, PAULE  
Address: 69 BELOEIL AVENUE  
City-St-Zip: OUTREMONT, QU H2V 2Z1 CA

Title: VPC ( ) Delete  
Name: ANDERSON, DAVID  
Address: 655 BROADVIEW, PENTHOUSE 1  
City-St-Zip: TORONTO, ON M4K 2P3 CA

Title: VP ( ) Delete  
Name: ROY, JACQUES  
Address: 1190 DE HONFLEUR, BOUCHERVILLE  
City-St-Zip: BOUCHERVILLE, QU J4B 8G2 CA

Title: AS ( ) Delete  
Name: MASSE, DAVID G  
Address: 52 BURNS STREET, MONTREAL  
City-St-Zip: MONTREAL, QU H9W 3X4 CA

## 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 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 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: DAVID G. MASSE

AS

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date