

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108118

FILED  
Apr 23, 2012  
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:**

100 NORTH TAMPA STREET  
SUITE 4100  
TAMPA, FL 33602 US

**Current Mailing Address:**

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

**New Mailing Address:**

100 NORTH TAMPA STREET  
SUITE 4100  
TAMPA, FL 33602 US

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ROACH, MICHAEL E  
Address: 1130 SHERBROOKE ST WEST, 7TH FLOOR  
City-St-Zip: MONTREAL, QC H3A 2M CA

Title: PD  
Name: SCHINDLER, GEORGE  
Address: 11325 RANDOM HILLS ROAD  
City-St-Zip: FAIRFAX, VA 22030 CA

Title: DCNT  
Name: WAPLE, MICHAEL  
Address: 11325 RANDOM HILLS ROAD  
City-St-Zip: FAIRFAX, VA 22030 CA

Title: ASD  
Name: FIGINI, JOSEPH C  
Address: 11325 RANDOM HILLS ROAD  
City-St-Zip: FAIRFAX, VA 22030 US

Title: CFOD  
Name: ANDERSON, R. DAVID  
Address: 1130 SHERBROOKE ST. WEST  
City-St-Zip: MONTREAL, QC H3M 2A8 CA

Title: VPS  
Name: DUBE, BENOIT  
Address: 1130 SHERBROOKE ST. WEST, 7TH FLOOR  
City-St-Zip: MONTREAL, QC H3A 2M8 CA

I hereby 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 all other like empowered.

SIGNATURE: BENOIT DUBE

VPS

04/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date