

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 819629 (7)

1. Corporation Name  
**COMPUTER SCIENCES CORPORATION**



Principal Place of Business Mailing Address  
TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO CA 90245

3. Date Incorporated or Qualified 06/14/1966  
3a. Date of Last Report 04/11/1995  
4. FEI Number 95-2043126  
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

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, WILLIAM R.	1.2 NAME	Van B. Honeycutt
STREET ADDRESS	2100 E. GRAND AVENUE	1.3 STREET ADDRESS	2100 E. Grand Ave.
CITY-ST-ZIP	EL SEGUNDO CA	1.4 CITY-ST-ZIP	El Segundo, CA 90245
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, HAYWARD D	2.2 NAME	
STREET ADDRESS	2100 E GRAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	2.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, DENIS M.	3.2 NAME	
STREET ADDRESS	2100 E. GRAND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	3.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J	4.2 NAME	
STREET ADDRESS	2100 E. GRAND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	4.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J.	5.2 NAME	Leon J. Level
STREET ADDRESS	2100 E. GRAND AVENUE	5.3 STREET ADDRESS	2100 E. Grand Ave.
CITY-ST-ZIP	EL SEGUNDO CA	5.4 CITY-ST-ZIP	El Segundo, CA 90245
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVEL, LEON J.	6.2 NAME	AS
STREET ADDRESS	2100 E. GRAND AVENUE	6.3 STREET ADDRESS	Harvey M. Bernstein
CITY-ST-ZIP	EL SEGUNDO CA	6.4 CITY-ST-ZIP	3160 Fairview Pk Dr. Falls Church, VA 22042

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 19.07(3)(k), 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, 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 on an attachment with an address.

SIGNATURE: Leon J. Level 1/31/96 (310) 615-0311  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)