


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 819629 1. Entity Name COMPUTER SCIENCES CORPORATION	
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Principal Place of Business TAX DEPT., 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245	Mailing Address TAX DEPT., 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2043126	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

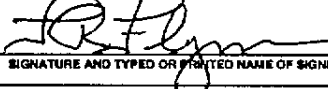
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, VAN B 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FISK, HAYWARD D 2100 E. GRAND AVE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPHEN, MICHAEL W 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEVEL, LEON J 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVEL, LEON J 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BERNSTEIN, HARVEY 3160 FAIRVIEW PARK DRIVE FALLS CHURCH, VA

U00000293187
04/08/05-80019-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04/01/05** **310.615.0311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #