

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856302 (5)
 1. Corporation Name
STERLING COMMERCE (NORTHERN AMERICA), INC.



Principal Place of Business 15301 DALLAS PARKWAY SUITE 400 DALLAS TX 75248	Mailing Address 15301 DALLAS PARKWAY SUITE 400 DALLAS TX 75248-4670
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3. Date Incorporated or Qualified 04/29/1983	3a. Date of Last Report 03/13/1996
4. FEI Number 75-1866668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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
 85 Zip Code
FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HYMES, W W	
STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	
CITY- ST- ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, JOHN	
STREET ADDRESS	15301 DALLAS PKWY SUITE 400	
CITY- ST- ZIP	DALLAS TX	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	APPLING, LAURA	
STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	
CITY- ST- ZIP	DALLAS TX	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, GEORGE H	
STREET ADDRESS	8080 N. CENTRAL EXPY, SUITE 1100	
CITY- ST- ZIP	DALLAS TX	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MEIER, JEANNETTE P	
STREET ADDRESS	8080 N. CENTRAL EXPY, SUITE 1100	
CITY- ST- ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, ELIZABETH B	
STREET ADDRESS	15301 DALLAS PKWY SUITE 400	
CITY- ST- ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK DONAHUE	
1.3 STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	
1.4 CITY- ST- ZIP	DALLAS, TX 75248	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 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 or 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: *Elizabeth May* **5/14/97** **(972) 788-2580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Elizabeth May, Director

CR2E034 (9/96)