

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
--	---	---

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
--	---

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
---	--

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
--	--

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMES, W W	1.2 NAME	
STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	1.3 STREET ADDRESS	VP/SEC
CITY-STATE-ZIP	DALLAS TX	1.4 CITY-STATE-ZIP	15301 DALLAS PKWY, SUITE 400
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, JOHN	2.2 NAME	
STREET ADDRESS	15301 DALLAS PKWY SUITE 400	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	2.4 CITY-STATE-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLING, LAURA	3.2 NAME	
STREET ADDRESS	15301 DALLAS PARKWAY, SUITE 400	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	3.4 CITY-STATE-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GEORGE H	4.2 NAME	
STREET ADDRESS	8080 N. CENTRAL EXPY, SUITE 1100	4.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	4.4 CITY-STATE-ZIP	
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, JEANNETTE P	5.2 NAME	
STREET ADDRESS	8080 N. CENTRAL EXPY, SUITE 1100	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, ELIZABETH B	6.2 NAME	
STREET ADDRESS	15301 DALLAS PKWY SUITE 400	6.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	6.4 CITY-STATE-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)