

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

FILED
Jan 27 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 # F96000003729 (8)
1. Corporation Name
FAIR, ISAAC AND COMPANY, INCORPORATED



Principal Place of Business: 120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996
Mailing Address: 120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	07/23/1996	07/23/1996
4. FEI Number		5. Certificate of Status Desired		Applied For	
94-1499887		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

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 Sec. 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	ROSENBERGER, LARRY E	<input type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		
TITLE	WOLDRICH, JOHN D	<input type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		
TITLE	CULHANE, PATRICK G	<input type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		
TITLE	DE KERCHOVE, GERALD	<input checked="" type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		
TITLE	ROACH, BARRETT B	<input type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		
TITLE	MCCORKELL, PETER L	<input type="checkbox"/> DELETE
NAME	120 NORTH REDWOOD DR.	
STREET ADDRESS	SAN RAFAEL CA 94903-1996	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVCOO	<input checked="" 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	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COLE, PATRICIA	
4.3 STREET ADDRESS	120 NORTH REDWOOD DR.	
4.4 CITY-ST-ZIP	SAN RAFAEL, CA 94903-1996	
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: _____ DATE: 1/10/97 DAYTIME PHONE #: (415) 491-5101

CR2E034 (9/96)