

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90098 001 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000003729**

1. Corporation Name  
**FAIR, ISAAC AND COMPANY, INCORPORATED**



Principal Place of Business  
**ATTN: ACCOUNTS PAYABLE**  
**120 NORTH REDWOOD DRIVE**  
**SAN RAFAEL CA 94903-1996**

Mailing Address  
**ATTN: ACCOUNTS PAYABLE**  
**120 NORTH REDWOOD DRIVE**  
**SAN RAFAEL CA 94903-1996**

Attn: Peter L. McCorkell

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-1499887	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERGER, LARRY E		1.2 NAME		
STREET ADDRESS	120 NORTH REDWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA		1.4 CITY-ST-ZIP		
TITLE	DVCO	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLDRICH, JOHN D		2.2 NAME		
STREET ADDRESS	120 NORTH REDWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULHANE, PATRICK G		3.2 NAME		
STREET ADDRESS	120 NORTH REDWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996		3.4 CITY-ST-ZIP		
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, PATRICIA		4.2 NAME	VERNON, LENNOX	
STREET ADDRESS	120 NORTH REDWOOD DR.		4.3 STREET ADDRESS	120 North Redwood Drive	
CITY-ST-ZIP	SAN RAFAEL CA		4.4 CITY-ST-ZIP	San Rafael, CA	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, BARRETT B		5.2 NAME		
STREET ADDRESS	120 NORTH REDWOOD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996		5.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKELL, PETER L		6.2 NAME		
STREET ADDRESS	120 NORTH REDWOOD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

415-472-2211

Date

Daytime Phone #

0560704

CR2E034 (1/1/98)