2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600003729

1. Entity Name

FAIR, ISAAC AND COMPANY, INCORPORATED

Principal	Place c	f Business	

Mailing Address

ATTN: ACCOUNTS PAYABLE 120 NORTH REDWOOD DRIVE ATTN: PETER L. MCCORKELL 120 NORTH REDWOOD DRIVE SAN RAFAEL CA 94903-1958

Suite, Apt. #, etc.

3. Mailing Address 200 Smith Ranch Road

-	FAEL CA 949	903-1996				
2. Prince 200	Smith	of Business Ranch	Road			
Suite	e, Apt. #, etc).				
San	^{& State} Rafae	1, CA	94903			
Zip	94903	(Country USA			
	6.	Name an	d Address			
C T CORPORATION SYSTE 1200 SOUTH PINE ISLAND PLANTATION FL 33324						
	1200 SO	UTH PINE ION FL 3	: ISLAND 3324 			
	1200 SO	UTH PINE ION FL 3	: ISLAND 3324 			
8. The	1200 SO	UTH PINE 10N FL 3 ed entity su	SISLAND 3324 Ibmits this			
SIGNAT	1200 SO	UTH PINE 10N FL 3 ed entity su ure, typed or pi n is eligible ement and	ISLAND 3324 abmits this a united name of a			

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90111 035 ***150.00



DO NOT WRITE IN THIS SPACE

San Rafael, CA 94903		City & State San Rafael, CA 94903		4	. FEI Number 94-1499887	\ 	plied For t Applicable		
Zip 9490	Country USA	^{Zip} 94903	Country USA	5	. Certificate of Status Desired	38.75 Add Fee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent					
C. Name and Address of Contain Tragical Contains				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)						
	NTATION FL 33324		["						
			City	•		FL Zip Code	=		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered offic	e or registered	agent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent s	ignature required whe	n reinstating)	DATE			
	<u> </u>					_			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable		•	To: Election Campaign Financing			0 мау Ве			
		Make Check Payable to Department of St			Trust Fund Contribution.	□ Added	☐ Added to Fees		
11. OFFICERS AND DIRECTORS		12.		ADDITIONS/CHANGES TO OFFICE	S AND DIRECTORS	3 IN 11			
TITLE	DPC	[X Delete	TITLE	Grud	nowski, Thomas G.	☐ Change	☐X Addition		
NAME	ROSENBERGER, LARRY E		NAME DP	200	Smith Ranch Road				
STREET ADDRESS CITY-ST-ZIP	120 North Redwood Dr. San Rafael Ca		CITY-ST-ZIP	SINEEL ADDRESS CALL CALLONS					
TITLE	DVCO	Delete	TITLE		rich, John D.	□ Change	Addition		
NAME	WOLDRICH, JOHN D	25 5000	NAME DY		Smith Ranch Road	^			
STREET ADDRESS	120 NORTH REDWOOD DR.		STREET ADDR		Rafael, CA 94903		J		
CITY-ST-ZIP	SAN RAFAEL CA		CITY-ST-ZIP		<u> </u>		TX Addition		
TITLE	CULHANE, PATRICK G		TITLE	Hell	er, H. Robert	☐ Change	Addition		
NAME STREET ADDRESS			NAME DV STREET-ADDR	ESS I	Smith Ranch Road				
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996		CITY-ST-ZIP	San	Rafael, CA 94903				
TITLE	VCFO	[X] Delete	TITLE	Even	huis, Henk J.	☐ Change	Addition X		
NAME	VERNON, LENNOX	÷ ÷	NAMEVCF	U 200	Smith Ranch Road				
STREET ADDRESS	120 NORTH REDWOOD DR.		STREET ADDR	ESS San	Rafael, CA 94903				
CITY-ST-ZIP	SAN RAFAEL CA	- T∇I Delete	TITLE			Change	Addition		
TITLE NAME	ROACH, BARRETT B	C X Delete	NAME V		, Kenneth M.	onunge	77		
STREET ADDRESS	120 NORTH REDWOOD DR.		STREET ADDR		Lexington Avenue Paul, MN 55126				
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996	<u></u>	CITY-ST-ZIP	36.	Faul, MN 33120		_ _		
TITLE	VS	☐ Delete	TITLE	McCo	rkell, Peter L.	🔀 Change	☐ Addition		
NAME	MCCORKELL, PETER L		NAME VS		Smith Ranch Road		j		

SAN RAFAEL CA 94903-1996 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Peter L. McCorkell, Secretary

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

120 NORTH REDWOOD DR.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200 Smith Ranch Road

San Rafael, CA 94903

(415) 472-2211

Daytime Phone #