

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90111 035 ***150.00

DOCUMENT # F96000003729

1. Entity Name
FAIR, ISAAC AND COMPANY, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business ATTN: ACCOUNTS PAYABLE 120 NORTH REDWOOD DRIVE SAN RAFAEL CA 94903-1996	Mailing Address ATTN: PETER L. MCCORKELL 120 NORTH REDWOOD DRIVE SAN RAFAEL CA 94903-1958
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2. Principal Place of Business 200 Smith Ranch Road Suite, Apt. #, etc.	3. Mailing Address 200 Smith Ranch Road Suite, Apt. #, etc.
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City & State San Rafael, CA 94903	City & State San Rafael, CA 94903
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4. FEI Number 94-1499887	Applied For <input type="checkbox"/> Not Applicable
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Zip 94903	Country USA	Zip 94903	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC ROSENBERGER, LARRY E 120 NORTH REDWOOD DR. SAN RAFAEL CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCO WOLDRICH, JOHN D 120 NORTH REDWOOD DR. SAN RAFAEL CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULHANE, PATRICK G 120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO VERNON, LENNOX 120 NORTH REDWOOD DR. SAN RAFAEL CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROACH, BARRETT B 120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCORKELL, PETER L 120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Grudnowski, Thomas G. 200 Smith Ranch Road San Rafael, CA 94903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woldrich, John D. 200 Smith Ranch Road San Rafael, CA 94903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heller, H. Robert 200 Smith Ranch Road San Rafael, CA 94903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evenhuis, Henk J. 200 Smith Ranch Road San Rafael, CA 94903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rapp, Kenneth M. 4295 Lexington Avenue St. Paul, MN 55126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCorkell, Peter L. 200 Smith Ranch Road San Rafael, CA 94903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Peter L. McCorkell **Peter L. McCorkell, Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/25/00 Daytime Phone # (415) 472-2211

CR2E034 (9/99)