

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003729

FILED
Apr 19, 2011
Secretary of State

Entity Name: FAIR ISAAC CORPORATION

Current Principal Place of Business:

901 MARQUETTE AVENUE
STE 3200
MINNEAPOLIS, MN 55402

New Principal Place of Business:

Current Mailing Address:

200 SMITH RANCH ROAD
SAN RAFAEL, CA 94903

New Mailing Address:

FEI Number: 94-1499887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: GREENE, MARK N
Address: 901 MARQUETTE AVENUE, SUITE 3200
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VCFO
Name: PUNG, MICHAEL J
Address: 901 MARQUETTE AVENUE, SUITE 3200
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VGCS
Name: SCADINA, MARK R
Address: 901 MARQUETTE AVE., STE 3200
City-St-Zip: MINNEAPOLIS, MN 55402

Title: TR
Name: WEBER, STEVEN P
Address: 901 MARQUETTE AVENUE, SUITE 3200
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS
Name: FRASER, NANCY E
Address: 200 SMITH RANCH ROAD
City-St-Zip: SAN RAFAEL, CA 94903

Title: C
Name: A. GEORGE, BATTLE
Address: 901 MARQUETTE AVE., STE 3200
City-St-Zip: MINNEAPOLIS, MN 55401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY E. FRASER

AS

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date