

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90011 010 \*\*\*150.00

**60019991**



02082006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 819629</b> 1. Entity Name <b>COMPUTER SCIENCES CORPORATION</b>					
Principal Place of Business <b>TAX DEPT., 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245</b>			Mailing Address <b>TAX DEPT., 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>95-2043126</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <input type="checkbox"/> Delete <b>HONEYCUTT, VAN B 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPS <input type="checkbox"/> Delete <b>FISK, HAYWARD D 2100 E GRAND AVE EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD <input type="checkbox"/> Delete <b>LAPHEN, MICHAEL W 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		CFO <input checked="" type="checkbox"/> Delete <b>LEVEL, LEON J 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPD <input type="checkbox"/> Delete <b>LEVEL, LEON J 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPAS <input checked="" type="checkbox"/> Delete <b>BERNSTEIN, HARVEY 3160 FAIRVIEW PARK DRIVE FALLS CHURCH, VA</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Timothy R. Flynn 2100 East Grand Avenue El Segundo, CA 90245</b>		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
<b>SIGNATURE:</b>		<b>Timothy R. Flynn</b>		<b>02/10/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	