

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90330 025 \*\*\*150.00

**DOCUMENT # 819629**

1. Entity Name  
**COMPUTER SCIENCES CORPORATION**



Principal Place of Business  
**TAX DEPT., 2100 E. GRAND AVENUE  
EL SEGUNDO, CA 90245**

Mailing Address  
**TAX DEPT., 2100 E. GRAND AVENUE  
EL SEGUNDO, CA 90245**

400003100



2. Principal Place of Business - No P.O. Box #  
**3170 Fairview Park Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04102008 Chg-P CR2E034 (12/06)

City & State  
**Falls Church, VA**  
**22042** Country Zip

City & State  
Zip Country

4. FEI Number  
**95-2043126** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, VAN B 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FISK, HAYWARD D 2100 E GRAND AVE EL SEGUNDO, CA 90245 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPHEN, MICHAEL W 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KEANE, MICHAEL E 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FLYNN, TIMOTHY R 2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thomas R. Irvin 3170 Fairview Park Drive Falls Church, VA 22042 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS William L. Deckelman 3170 Fairview Park Drive Falls Church, VA 22042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCFO Donald G. DeBuck 3170 Fairview Park Drive Falls Church, VA 22042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bryan Brady 2100 East Grand Avenue El Segundo, CA 90245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*Bryan Brady*

Bryan Brady

04/21/08

310.615.0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #