FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **832281** **(0)**

1. Corporation Name

STERLING SOFTWARE (U.S.), INC.

Principal Place of Business	Mailing Address
1650 TYSONS BLVD SUITE 800 MC LEAN VA 22102 US	1650 TYSONS BLVD SUITE 800 MC LEAN VA 33102 US

3. Date Incorporated or Qualified: **05/02/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-1941624** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	TOLARI, GENO P.	1.2 NAME	M. Gene Konopick
STREET ADDRESS	950 TOWER LN, STE 870	1.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 80
CITY-ST-ZIP	FOSTER CITY CA	1.4 CITY-ST-ZIP	Mc Lean, Virginia 22102
2 TITLE	VT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, GEORGE H.	2.2 NAME	
STREET ADDRESS	8080 N CENTRAL EXPRESSWAY, STE. 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	
3 TITLE	VS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEIER, JEANNETTE P.	3.2 NAME	
STREET ADDRESS	8080 N. CENTRAL EXPRESSWAY, STE. 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
4 TITLE	AT ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	HILL, VICKI L.	4.2 NAME	AT
STREET ADDRESS	8080 N. CENTRAL EXPRESSWAY, STE. 1100	4.3 STREET ADDRESS	Connelly, Richard 8080 N. Central Expressway
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Dallas, TX
5 TITLE	CEC ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WYLY, SAM	5.2 NAME	
STREET ADDRESS	8080 N CENTRAL EXPRESSWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
6 TITLE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SUE	6.2 NAME	
STREET ADDRESS	1650 TYSONS BLVD SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96
Date

703 506-0800
Daytime Phone #