FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 832281

STERLING SOFTWARE (U.S.), INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90091 046 ***150.00



								(2310)		III BABA BABA 1	HELD BIBIN HEBI	
Principal Place of Business Mailing Address								•				
1650 TYSONS BLVD 1650 TYSONS BLVD												
SUITE 800			SUITE 800					DO NOT WRITE	IN THIS !	SPACE		
MC LEAN VA 2	2102	US LI	MC LEAN VA 33102				-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		ŲS						05/02/1974				
	(0)	10-1	1-91 Address					4. FEI Number		-T 1 An	plied For	
_2. Principal Pl	ace of Business	\vdash	failing Address				ĺ	22-1941624			t Applicable	
21		26	· · · · · · · · · · · · · · · · · · ·					22-1341024				
Suite, Apt.	#, etc.	$\overline{}$	uite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A		
22		27	N				—-				<u> </u>	
City & State	e	\vdash	City & State					6. Election Campaign Financing		\$5.00 Added t		
23	Country	28		Cou	ntn/		-	Trust Fund Contribution			01663	
Zip	Country	<u> </u>	—					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No				
24	25	29		30				10. Name and Address of New Reg	ictored A		翼110	
	9. Name and Address of Current	t Registe	rea Agent		81	Name		IV. Haile and Addless of New Ives	istered r	igun.		
COR	PORATION SERVICE COMPANY					Hame						
1201 HAYS STREET					82 Street Address (F			(P.O. Box Number is Not Acceptable	9)	_		
TALLAHASSEE FL 32301-2525										- -		
IALL	ANASSEE PE SZSUT-ZSZS				83							
					84	City				85 Zip (Code	
						•	_	<u> </u>	<u> </u>	_L L _		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607	.1508, Florida Statu	tes, the al	oove	-named	corporal	tion submits this statement for the pu	rpose of o	hanging its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. tions of, S	Such change was a ection 607.0505, Flo	nutnorizeo orida Stati	ıteş.	tne corp	oration s	board of directors: Thereby accept to	не арропі	unern as re	gistered .	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						signature	required who		DATE			
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICE	CERS ANI			
TITLE	PD		☐ DELETE	1.1 TIT	1E					☐ Change	Addition	
NAME	KONOPICK, M. GENE				1.2 NAME							
STREET ADDRESS	TREET ADDRESS 1650 TYSONS BLVD SUITE 800					1.3 STREET ADDRESS						
CITY-ST-ZIP	MCLEAN VA			14 CI	TY-ST	- ZIP		<u></u>	_			
TITLE	VS		▼ DELETE	2.1 TIT	LΕ		VS			Change	★ Addition	
NAME						2.2 NAME		even P. Bracci				
STREET ADDRESS	300 CRESCENT COURT., STE 1200				2.3 STREET ADORESS		1	50 Tysons Boulevard	. Sui	te 800		
	DALLAS TX 75201				2.4 CITY-ST-ZIP			McLean, Virginia 22102				
CITY-ST-ZIP	VT		☐ DELETE	3.1 TR			VSI			∑ Change	Addition	
NAME					3.2 NAME		*3				ļ	
	300 CRESCENT COURT, STE 1200				3 3 STREET ADDRESS		.1				Ì	
STREET ADDRESS	DALLAS TX 75201				34 CITY-ST-ZIP		1					
CITY-ST-ZIP	CEC		☑ DELETE	4.1 TI		1-417	D		• •	[] Change	X Addition	
TITLE			M orreit				-	Dermett, Don J., Jr	_	J+		
NAME	77.2.7							300 Crescent Court, Suite 1200				
STREET ADDRESS	300 CRESCENT COURT, STE 1200				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			Dallas, Texas 75201				
CITY-ST-ZIP	DALLAS TX 75201		⊠ DELETE			-ZIP		11aS, 18xaS /52UI		[] Change	X Addition	
TITLE	S JOHNSON CHE		ÃÕ DELEJE	5.1 TT 5.2 NA			V	D 2 T		L] Glaige	AL . 2000001	
NAMÉ	JOHNSON, SUE					.ppp====		ung, David L.	. .			
STREET ADORESS	1650 TYSONS BLVD SUITE 800	J				ADDRESS		50 Tysons Boulevard		te 800		
CITY-ST-ZIP	MCLEAN VA			5.4 CI		-ZIP	Mc]	<u>Lean, Virginia 2210</u>	2	[7] Ch	[T] Addition	
TITLE			☐ DELETE	6.1 TIT						Change	Addition	
NAME				6.2 NA								
STREET ADDRESS:				6.3 ST	REET	ADDRESS	1				ì	

14. 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 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 frusteet announced 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 attachnostic with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/99

(703) 506-0800

Daytime Phone #