

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832281

1. Entity Name

STERLING SOFTWARE (U.S.), INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90099 034 ***150.00

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

Mailing Address
1650 TYSONS BLVD
SUITE 800
MC LEAN VA 22102-4824
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1941624**

Applied For

Not Applied For

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONOPIK, M. GENE			NAME			
STREET ADDRESS	1650 TYSONS BLVD SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRACCI, STEVEN P			NAME			
STREET ADDRESS	1650 TYSONS BLVD STE 800			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA 22102			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	JAN 14 2000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRAY, R LOGAN JR			NAME			
STREET ADDRESS	300 CRESCENT COURT, STE 1200			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP	PAID PER _____		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDERMETT, DON J JR			NAME			
STREET ADDRESS	300 CRESCENT COURT, STE 1200			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, DAVID L			NAME			
STREET ADDRESS	1650 TYSONS BLVD SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA 22102			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven P. Bracci (703) 506-0800 1/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #