

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000001961

1. Entity Name

STERLING COMMERCE (AMERICA), INC.



Principal Place of Business

4600 LAKEHURST CT.  
DUBLIN, OH 43016 US

Mailing Address

4600 LAKEHURST CT.  
DUBLIN, OH 43016 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

31-1162926

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STARR, SAMUEL R
STREET ADDRESS	4600 LAKEHURST CT.
CITY - ST - ZIP	DUBLIN, OH 43016
TITLE	VPAT
NAME	GOLDBECK, MICHAEL G
STREET ADDRESS	4600 LAKEHURST COURT
CITY - ST - ZIP	DUBLIN, OH 43016
TITLE	SD
NAME	MEYER, MICHAEL A
STREET ADDRESS	4600 LAKEHURST COURT
CITY - ST - ZIP	DUBLIN, OH 43016
TITLE	T
NAME	VIOLA, MICHAEL
STREET ADDRESS	175 E. HOUSTON STREET
CITY - ST - ZIP	SAN ANTONIO, TX 78705
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000110514  
04/12/04-80036-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

614-793-7000

Daytime Phone #