

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90126 044 \*\*\*150.00

**DOCUMENT # F94000002754**

1. Entity Name  
**STERLING SOFTWARE (SOUTHERN), INC.**

Principal Place of Business  
**TAX DEPT**  
**ACCOUNTS PAYABLE M/S 152**  
**BOX 869060**  
**PLANO TX 75086-9060**

Mailing Address  
**TAX DEPT**  
**ATTN: ACCOUNTS PAYABLE M/S 152**  
**P.O. BOX 869060**  
**PLANO TX 75086**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **38-2281745**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THEEL, MARK A</b>	
STREET ADDRESS	<b>5800 TENNYSON PKWY</b>	
CITY-ST-ZIP	<b>PLANO TX 75024</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TOLARI, GENO P.</b>	
STREET ADDRESS	<b>300 CRESCENT CT STE 1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201-7832</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>MCDERMITT, LEON J JR</b>	
STREET ADDRESS	<b>300 CRESCENT CT STE 1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201-7832</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CLAYTON, ALLEN</b>	
STREET ADDRESS	<b>5800 TENNYSON PKWY</b>	
CITY-ST-ZIP	<b>PLANO TX 75024</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>WRAY, R. LOGAN</b>	
STREET ADDRESS	<b>300 CRESCENT CT STE 1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75024</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>CAREY, STEPHEN C</b>	
STREET ADDRESS	<b>300 CRESCENT CT STE 1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75024</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/00* **972-801-6232**  
Date Daytime Phone #

CR2E034 (9/99)