FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:51

DOCUMENT # **F94000005154 (9)**

1. Corporation Name

FAIR, ISAAC AND COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996	120 NORTH REDWOOD DR. SAN RAFAEL CA 94903-1996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 94-1499887 — 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

9. Name and Address of Current Registered Agent

CT 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 607.1505, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	☐ Change ☐ Addition
NAME	ROSENBERGER, LARRY E	12 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	13 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SANDERSON, ROBERT D	22 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	23 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	24 CITY ST ZIP	
TITLE	VCFO	31 TITLE	☐ Change ☐ Addition
NAME	KERCHOVE, GERALD	32 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	33 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WOLDRICH, JOHN D	42 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	43 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	ROACH, BARRETT B	52 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	53 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	54 CITY ST ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	MCCORKELL, PETER L	62 NAME	
STREET ADDRESS	120 NORTH REDWOOD DR.	63 STREET ADDRESS	
CITY ST ZIP	SAN RAFAEL CA 94903-1996	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 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: Peter L. McCorkell — 2/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

PETER L. McCORKELL — (415) 472-2211
TYPED OR PRINTED NAME — DAYTIME PHONE

0481016 FP