

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002551 (8)

1. Corporation Name

STERLING SOFTWARE (I), INC.



Principal Place of Business

1800 ALEXANDER BELL DR.
RESTON VA 22091-4382

Mailing Address

1800 ALEXANDER BELL DR.
RESTON VA 22091-4382

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

54-1672717

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.1508, 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

Signature typed or printed name of registered agent and title of agent

Signature typed or printed name of registered agent and title of agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE

P
NAME SMITH, A. MARIA
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

2. TITLE ☒ DELETE

V
NAME RUDENKO, PAUL
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

3. TITLE ☐ DELETE

VT
NAME ELLIS, GEORGE H
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

4. TITLE ☐ DELETE

VS
NAME MEIER, JEANNETTE P
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

5. TITLE ☐ DELETE

AS
NAME HOOVER, ALBERT K
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

6. TITLE ☐ DELETE

AS
NAME JENKINS, JAMES E
STREET ADDRESS 1800 ALEXANDER BELL DR.
CITY-ST-ZIP RESTON VA 22091-4382

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

P
NAME Ian Strain
STREET ADDRESS 1800 Alexander Bell Dr
CITY-ST-ZIP Reston VA 22091

2. TITLE ☐ Change ☒ Addition

V
NAME Kevin Murray
STREET ADDRESS 1800 Alexander Bell Dr
CITY-ST-ZIP Reston VA 22091

3. TITLE ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Murray

15 APRIL 1996

Date

703-264-8000

Daytime Phone #

CR2E034 (12/95)