

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000406 (6)

1. Corporation Name
STERLING COMMERCE, INC.

Principal Place of Business
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
1209 ORANGE STREET
WILMINGTON DE 19801-1120



3. Date Incorporated or Qualified
01/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 51-0372256
APPLIED FOR

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	FERRUCCI, M A	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHELLEY, RANDY A	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	HORNE, A M	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VATD	<input type="checkbox"/> DELETE
NAME	LUTTHANS, KIM	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	CENNY, C M	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, M L	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 I changed, or on an attachment with an address.

SIGNATURE: *M. L. Williams* PRESIDENT 4/24/97 (302)658-7581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)