

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90113 028 ***150.00

DOCUMENT # F96000000406

1. Corporation Name

STERLING COMMERCE, INC.

Principal Place of Business

1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

51-0372256

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1013 Centre Rd.

2a. Mailing Address

26 1013 Centre Rd.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Wilmington, DE

28 City & State

Wilmington, DE

24 Zip

19805

25 Country

USA

29 Zip

19805

30 Country

USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE

NAME FERRUCCI, M A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

TITLE V ☒ DELETE

NAME SHELLEY, RANDY A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

TITLE VTAS ☒ DELETE

NAME HORNE, A M
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

TITLE VATD ☒ DELETE

NAME LUTTHANS, KIM
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

TITLE VASD ☒ DELETE

NAME CENNY, C M
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

TITLE VASD ☒ DELETE

NAME WILLIAMS, M L
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME William G. Popeo
1.3 STREET ADDRESS 1013 Centre Rd.
1.4 CITY-ST-ZIP Wilmington, DE 19805

2.1 TITLE VPS ☒ Change ☐ Addition

2.2 NAME Lisa G. Mulligan
2.3 STREET ADDRESS 1013 Centre Rd.
2.4 CITY-ST-ZIP Wilmington, DE 19805

3.1 TITLE VPAS ☒ Change ☐ Addition

3.2 NAME John H. Pelletier
3.3 STREET ADDRESS Two World Trade Center, Ste. 8746
3.4 CITY-ST-ZIP New York, NY 10048

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Bruce R. Winn
4.3 STREET ADDRESS 1013 Centre Rd.
4.4 CITY-ST-ZIP Wilmington, DE 19805

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Daniel R. Butler
5.3 STREET ADDRESS 1013 Centre Rd.
5.4 CITY-ST-ZIP Wilmington, DE 19805

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *John H. Pelletier* John H. Pelletier
President

4/26/99 212-299-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)