

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton 1 Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006462 (3)

1. Corporation Name
DATALOGIX INTERNATIONAL INC.



Principal Place of Business 100 SUMMIT LAKE DRIVE VALHALLA NY 10595	Mailing Address 100 SUMMIT LAKE DRIVE VALHALLA NY 10595-1399
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2. Principal Place of Business 21 500 Oracle Parkway		2a. Mailing Address 26 P.O. Box 5211		3. Date Incorporated or Qualified 12/11/1996		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3132256		Applied For Not Applicable	
22 City & State Redwood Shores, CA		27 City & State Belmont, CA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 94065		28 Zip 94002		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country U.S.		30 Country U.S.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President + CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORDANELLA, RICHARD	1.2 NAME	David Roux
STREET ADDRESS	100 SUMMIT LAKE DRIVE	1.3 STREET ADDRESS	500 Oracle Parkway
CITY-ST-ZIP	VALHALLA NY	1.4 CITY-ST-ZIP	Redwood Shores, CA 94065
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. + Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINGARI, JOHN	2.2 NAME	Thomas Theodoros
STREET ADDRESS	100 SUMMIT LAKE DRIVE	2.3 STREET ADDRESS	500 Oracle Parkway
CITY-ST-ZIP	VALHALLA NY	2.4 CITY-ST-ZIP	Redwood Shores, CA 94065
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISPO, JOSEPH	3.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	3.4 CITY-ST-ZIP	
TITLE	VTS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICK	4.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBOLOFF, PETER	5.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, DAVID	6.2 NAME	
STREET ADDRESS	30 ROCKEFELLAR PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 changed, or on an attachment with an address.

SIGNATURE: **Deborah A. Jones** **4/17/97 (415) 506-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone # 0010890

CR2E034 (9/96)