

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90213 036 \*\*\*150.00

**DOCUMENT # F97000006676**

1. Corporation Name  
**CA RESEARCH, INC.**



Principal Place of Business Mailing Address  
**1 COMPUTER ASSOCIATES PLAZA** **1 COMPUTER ASSOCIATES PLAZA**  
**ISLANDIA NY 11788** **ISLANDIA NY 11788**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/17/1997**

4. FEI Number **11-3399127** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** **Att: Tax Department**  
**23** Zip Country **28** Zip Country  
**24** **25** **29** **30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTZT, RUSSELL M</b>	
STREET ADDRESS	<b>1 COMPUTER ASSOCIATES PLAZA</b>	
CITY-ST-ZIP	<b>ISLANDIA NY 11788</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVINO, LISA</b>	
STREET ADDRESS	<b>1 COMPUTER ASSOCIATES PLAZA</b>	
CITY-ST-ZIP	<b>ISLANDIA NY 11788</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNN, RONALD M</b>	
STREET ADDRESS	<b>1 COMPUTER ASSOCIATES PLAZA</b>	
CITY-ST-ZIP	<b>ISLANDIA NY 11788</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOGHIN, STEVEN M</b>	
STREET ADDRESS	<b>1 COMPUTER ASSOCIATES PLAZA</b>	
CITY-ST-ZIP	<b>ISLANDIA NY 11788</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: **Lisa Savino** **Lisa Savino** **4/29/99** **(516) 342-5224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)