

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 05, 2000 8:00 am**
Secretary of State

06-05-2000 90009 024 ***150.00

DOCUMENT # F97000006676

1. Entity Name

CA RESEARCH, INC.

A0065548



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788		Mailing Address 1 COMPUTER ASSOCIATES PLAZA ATT: TAX DEPARTMENT ISLANDIA NY 11788-7000	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip 11749	Country	Zip 11749	Country
4. FEI Number 11-3399127		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTZT, RUSSELL M 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVINO, LISA 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NUNN, RONALD M 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11749
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lisa Savino</i>		Date: 4/27/00 Daytime Phone #: (631) 342-5224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			