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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006950 (6)

Principal Place of Business 1 COMPUTER ASSOCIATES OF DELAWAHE, INC. Principal Place of Business 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788 ISLANDIA NY 11788						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/15/1997		·—	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 11-3404594		├ ──	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	0	City & State			····	6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip 29	Coun	itry		This corporation owes or has personal Property Tax due June			
	g. Name and Address of Curn		1			10. Name and Address of New Re			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				62 Street Address (P.O. Box Number is Not Acceptable) 83					
			[4	84	City		FL	85 Zi	p Code
SIGNATURE	Signature, typed or printed name of registried a	gent and title if applicable (NOTE	: Registered			oration submits this statement for the pon's board of directors. I hereby acce to when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
NAME	PD Schwartz, Peter A	DELETE	1.1 TITL 1.2 NAA					☐ Change	e 🔲 Additio
STREET ADDRESS CITY-ST-ZIP	1 COMPUTER ASSOCIATES ISLANDIA NY 11788	S PLAZA	1.3 STR 1.4 CITY						
TITLE	SOV	DV DELETE		2.1 TIFLE			7-7-10	Change	Additio
NAME	WOGHIN, STEVEN M		2.2 NAA	ИE	}				
STREET ADDRESS	1 COMPUTER ASSOCIATES	S PLAZA	2.3 STR	EET AL	DDRESS				
CITY-ST-ZIP	ISLANDIA NY 11788		2 4 CIT	Y-ST-	- ZIP				
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NAME	zar, ira		3.2 NAM	AE.	ļ				
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CITY-ST-ZIP	ISLANDIA NY 11788	·····	3.4. CIT		ZIP				
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CITY-ST-ZIP			4.4 CITY		ZIP				
TITLE		☐ DELETE	5.1 TITL	_				☐ Change	Additio
NAME			5.2 NAM	AE	l				
STREET ADDRESS			53 STR	EET AC	DORESS				

4. 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 corporates or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged on an attachment with an address.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

May 06 1998 8:00am

Secretary of State