

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006950

Entity Name
Computer Associates of Delaware, Inc.

Principal Place of Business

Mailing Address

Principal Place of Business

3. Mailing Address

One Computer Associates Plaza

One Computer Associates Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Dept.

Attn: Tax Dept.

City & State

City & State

Islandia, NY

Islandia, NY

Zip

Country

Zip

Country

11749

USA

11749

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street, Suite 105
Tallahassee, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS T-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/Director Ira Zar One Computer Associates Plaza Islandia, NY 11749	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Treasurer/Director Steven Worhin One Computer Associates Plaza Islandia, NY 11749	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary/Director Michael McElroy One Computer Associates Plaza Islandia, NY 11749	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete								<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

A-Z

Tom

1/23/01

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 014 ***150.00

00056899

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3404594

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (11/00)