

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90190 040 \*\*\*150.00

**DOCUMENT # F97000006950**

1. Entity Name  
**COMPUTER ASSOCIATES OF DELAWARE, INC.**



Principal Place of Business  
**1 COMPUTER ASSOCIATES PLAZA  
ATTN: TAX DEPT.  
ISLANDIA, NY 11749 US**

Mailing Address  
**1 COMPUTER ASSOCIATES PLAZA  
ATTN: TAX DEPT.  
ISLANDIA, NY 11749 US**

**24068011**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

**11-3404594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME ZAR, IRA  
STREET ADDRESS 1 COMPUTER ASSOCIATES PLAZA  
CITY-ST-ZIP ISLANDIA, NY 11749

TITLE PD ☐ Change ☒ Addition  
NAME Clarke, Jeffrey  
STREET ADDRESS 1 Computer Associates Plaza  
CITY-ST-ZIP Islandia, NY 11749

TITLE TD ☒ Delete  
NAME WOGHIN, STEVEN M  
STREET ADDRESS 1 COMPUTER ASSOCIATES PLAZA  
CITY-ST-ZIP ISLANDIA, NY 11749

TITLE VP, S, D ☐ Change ☒ Addition  
NAME Lamm, Robert B  
STREET ADDRESS 1 Computer Associates Plaza  
CITY-ST-ZIP Islandia, NY 11749

TITLE SD ☒ Delete  
NAME MCELROY, MICHAEL  
STREET ADDRESS 1 COMPUTER ASSOCIATES PLAZA  
CITY-ST-ZIP ISLANDIA, NY 11749

TITLE VPT ☐ Change ☒ Addition  
NAME Robinson, Douglas E  
STREET ADDRESS 1 Computer Associates Plaza  
CITY-ST-ZIP Islandia, NY 11749

TITLE SVP ☒ Delete  
NAME KEATING, STEPHEN D  
STREET ADDRESS ONE COMPUTER ASSOCIATE PLAZA  
CITY-ST-ZIP ISLANDIA, NY 11749

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Douglas E Robinson* 4/28/04 631-342-2601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #