

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90116 035 ***150.00

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03222006 Chg-P CR2E034 (11/05)

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	
2. Principal Place of Business 1 CA Plaza Suite, Apt. #, etc. Attn: Tax Dept City & State Islandia, NY Zip 11749 Country		3. Mailing Address 1 CA Plaza Suite, Apt. #, etc. Attn: Tax Dept. City & State Islandia, NY Zip 11749 Country	
4. FEI Number 11-3404594		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, JEFFREY 1 COMPUTER ASSOCIATES PLAZA ISLANDIA, NY 11749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP DIAMOND, JAY H 1 COMPUTER ASSOCIATES PLAZA ISLANDIA, NY 11749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROBINSON, DOUGLAS E 1 COMPUTER ASSOCIATES PLAZA ISLANDIA, NY 11749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Douglas E. Robinson</i></u>		Date <u>3/24/06</u> Daytime Phone # <u>631-342-2601</u>	