FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06172 (1)

1. Corporation Name
COMPUTER ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business
ONE COMPUTER ASSOCIATES PLAZA
ISLANDIA NY 11788-000
US

Mailing Address
ONE COMPUTER ASSOCIATES PLAZA
ISLANDIA NY 11788-00
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 13-2857434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUMAR, SANJAY
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY
TITLE	D
NAME	ARTZT, RUSSELL
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY
TITLE	S
NAME	FREASE, BELDEN, A
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY
TITLE	VT
NAME	MCWADE, CHARLES
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY
TITLE	D
NAME	WANG, CHARLES
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY
TITLE	V
NAME	SCHWARTZ, PETER
STREET ADDRESS	1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP	ISLANDIA NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	☑ Change ☐ Addition
4.2 NAME	Ira Zar	
4.3 STREET ADDRESS	One Computer Associates Plaza	
4.4 CITY-ST-ZIP	Islandia, NY 11788-7000	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter A Schwartz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-95 — Daytime Phone #

0366024 FP