

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-5264

C

DOCUMENT # P06172

(1)

1. Corporation Name

COMPUTER ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2300 WINDY RIDGE PARKWAY
SUITE 1000 SOUTH
ATLANTA GA 30339
US

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SUITE 1000 SOUTH
ATLANTA GA 30339
US



3. Date Incorporated or Qualified

05/24/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2857434

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KUMAR, SANJAY
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ARTZT, RUSSELL
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME FREASE, BELDEN, A
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME ZAR, IRA
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WANG, CHARLES
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME SCHWARTZ, PETER
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY

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)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)