FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 30 1997 8:00am
Secretary of State

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	2300 WINDY RIDGE PARKWAY SUITE 1000 SOUTH ATLANTA GA 30339-5675 US

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 05/01/1996

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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KUMAR, SANJAY	12 NAME	
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	ISLANDIA NY	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ARTZT, RUSSELL	22 NAME	
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	ISLANDIA NY	24 CITY-ST-ZIP	
TITLE	S ☒ DELETE	31 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	FREASE, BELDEN, A	32 NAME	MICHAEL MCELROY
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	33 STREET ADDRESS	ONE COMPUTER ASSOC. PLAZA
CITY-ST-ZIP	ISLANDIA NY	34 CITY-ST-ZIP	ISLANDIA, NY 11788-7000
TITLE	T ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ZAR, IRA	42 NAME	
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	ISLANDIA NY	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WANG, CHARLES	52 NAME	
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	ISLANDIA NY	54 CITY-ST-ZIP	
TITLE	V ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, PETER	62 NAME	
STREET ADDRESS	1 COMPUTER ASSOC PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	ISLANDIA NY	64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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 Schwartz 4/17/97 (516)342-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012259