

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90213 038 ***150.00

DOCUMENT # P06172

1. Corporation Name

COMPUTER ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

2300 WINDY RIDGE PARKWAY
SUITE 1000 SOUTH
ATLANTA GA 30339
US

Mailing Address

1 COMPUTER ASSOC. PLAZA
ATTN: TAX DEPT
ISLANDIA NY 11788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE 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 reinstating)

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 11788

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ARTZT, RUSSELL
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY 11788

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME MCELROY, MICHAEL
STREET ADDRESS ONE COMPUTER ASSOC. PLAZA
CITY-ST-ZIP ISLANDIA NY 11788

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME SAVINO, LISA
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY 11788

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WANG, CHARLES
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY 11788

5.1 TITLE ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME SCHWARTZ, PETER
STREET ADDRESS 1 COMPUTER ASSOC PLAZA
CITY-ST-ZIP ISLANDIA NY 11788

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Senior Vice President
6.3 STREET ADDRESS Ira Zar
6.4 CITY-ST-ZIP One Computer Associates Plaza
Islandia, NY 11788

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRREQUIRE Zar

4/29/99

Date

(516) 342-5224

Daytime Phone #

CR2E034 (11/98)

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