## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 01, 2000 8:00 am Secretary of State **DOCUMENT # P06172** 1. Entity Name COMPUTER ASSOCIATES INTERNATIONAL, INC. 06-01-2000 90018 027 \*\*\*150.00 Mailing Address Principal Place of Business 1 COMPUTER ASSOC, PLAZA 2300 WINDY RIDGE PARKWAY SUITE 1000 SOUTH ATTN: TAX DEPT ATLANTA GA 30339 ISLANDIA NY 11788-7000 US 2. Principal Place of Business 3. Mailing Address One Computer Associates Plaza DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 13-2857434 Islandie Not Applicable Country \$8.75 Additional Country Certificate of Status Desired 11773 Fee Required\_\_ +USA-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE KUMAR, SANJAY NAME NAME STREET ADDRESS 1 COMPUTER ASSOC PLAZA STREET ADDRESS 11749 CITY-ST-ZIP CITY-ST-ZIP **ISLANDIA NY 11788** ☐ Addition TITLE ☐ Delete ARTZT, RUSSELL NAME 1 COMPUTER ASSOC PLAZA STREET ADDRESS STREET ADDRESS 11749 CITY-ST-ZIP CiTY-ST-ZIP ISLANDIA NY 11788 Change Addition Delete TITLE TITLE NAME MCELROY, MICHAEL NAME STREET ADDRESS STREET ADDRESS ONE COMPUTER ASSOC. PLAZA 11747 CITY-ST-ZIP CITY-ST-ZIP ISLANDIA NY 11788 ☐ Addition ☐ Delete TITLE TITLE SAVINO, LISA NAME NAME STREET ADDRESS STREET ADDRESS 1 COMPUTER ASSOC PLAZA 11749 CITY-ST-ZIP CITY-ST-ZIP ISLANDIA NY 11788 Change Addition TITLE ☐ Delete TITLE NAME WANG, CHARLES NAME STREET ADDRESS STREET ADDRESS 1 COMPUTER ASSOC PLAZA 11749 CITY-ST-7IP CITY-ST-ZIP ISLANDIA NY 11788

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

ZAR, IRA

1 COMPUTER ASSOC PLAZA

ISLANDIA NY 11788

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATOR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

IRA ZAR

4/27/00

Daytime Phone #

Change

☐ Addition

CR2F034 (9/99)