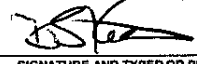


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90218 025 ***150.00

DOCUMENT # P06172 1. Entity Name COMPUTER ASSOCIATES INTERNATIONAL, INC.					
Principal Place of Business ONE COMPUTER ASSOCIATES PLAZA ISLANDIA, NY 11749 US			Mailing Address 1 COMPUTER ASSOC. PLAZA ATTN: TAX DEPT ISLANDIA, NY 11788		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-2857434	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUMAR, SANJAY 1 COMPUTER ASSOC PLAZA ISLANDIA, NY 11749	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cron, Kenneth D. 240 West 35th Street, 18th Floor New York, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTZT, RUSSELL 1 COMPUTER ASSOC PLAZA ISLANDIA, NY 11749	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'Amato, Alforse 101 Park Avenue, Suite 2506 New York, NY 10178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMM, ROBERT B ONE COMPUTER ASSOC. PLAZA ISLANDIA, NY 11749	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAVIASKAS, MARY 1 COMPUTER ASSOC PLAZA ISLANDIA, NY 11749	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KEATING, D. STEPHEN 1 COMPUTER ASSOC PLAZA ISLANDIA, NY 11749	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAR, IRA 1 COMPUTER ASSOC PLAZA ISLANDIA, NY 11749	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  D.S. Keating 4/28/04 631-342-2601 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24069627



04282004 Chg-P CR2E034 (10/03)