2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90556 031 ***150.00

DOCUMENT # P06172

1. Entity Name
COMPUTER ASSOCIATES INTERNATIONAL, INC.

20035853

01282005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
ONE COMPUTER ASSOCIATES PLAZA ISLANDIA, NY 11749 US	1 COMPUTER ASSOC. PLAZA ATTN: TAX DEPT ISLANDIA, NY 11788

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-2857434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
After May 1, 2005 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	D CRON, KENNETH D 240 WEST 35TH STREET, 18TH FLOOR NEW YORK, NY 10001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Handal, Kenneth V. One Computer Associates Plaza Islandia, NY 11749	☐ Change ☒ Addition
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	P Swainson, John One Computer Associates Plaza Islandia, NY 11749	☐ Change ☒ Addition
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	D D'AMATO, ALFONSE 101 PARK AVENUE, SUITE 2506 NEW YORK, NY 10178	☐ 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: _____ DS Keating 4/11/05 631-342-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #