2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P06172

Entity Name: CA - IT MANAGEMENT SOFTWARE, INC.

Current Principal Place of Business:

1 CA PLAZA
ISLANDIA, NY 11749 US

New Principal Place of Business:

Current Mailing Address:

1 CA PLAZA
ISLANDIA, NY 11749 US

New Mailing Address:

FEI Number: 13-2857434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LABLANC, ROBERT E
Address: 1 CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: D ( ) Delete
Name: FERNANDES, GARY
Address: 3121 TURTLE CREEK SUITE 600
City-St-Zip: DALLAS, TX 75219

Title: P ( ) Delete
Name: SWAINSON, JOHN
Address: 1 CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: T ( ) Delete
Name: HODGE, JAMES
Address: ONE CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: VP ( ) Delete
Name: KEATING, D. STEPHEN
Address: 1 CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: D ( ) Delete
Name: D'AMATO, ALFONSE
Address: 101 PARK AVENUE, SUITE 2506
City-St-Zip: NEW YORK, NY 10178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SWAINSON, JOHN
Address: 1 CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: SVPT (X) Change ( ) Addition
Name: HODGE, JAMES
Address: ONE CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: P (X) Change ( ) Addition
Name: CHRISTENSON, MICHAEL J
Address: 1 CA PLAZA
City-St-Zip: ISLANDIA, NY 11749

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HODGE SVPT 04/13/2009

Electronic Signature of Signing Officer or Director Date