


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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26083 (6)
 1. Corporation Name
BOOLE & BABBAGE, INC

Principal Place of Business 3131 ZANKER RD SAN JOSE CA 95134-1933 US	Mailing Address 3131 ZANKER RD SAN JOSE CA 95134-1933 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 04/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-1651571	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS, RAYMOND E.	1.2 NAME	
STREET ADDRESS	4300 SANCTUARY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITAS SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, ARTHUR F.	2.2 NAME	
STREET ADDRESS	3131 ZANKER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGGELING, JOHANNES S.	3.2 NAME	
STREET ADDRESS	3131 ZANKER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, TERRY R.	4.2 NAME	
STREET ADDRESS	11 STRAWBERRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRANKLIN P., JR	5.2 NAME	
STREET ADDRESS	2275 BAYSHORE RD, #150	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, CARL H.	6.2 NAME	
STREET ADDRESS	6206 PARIMA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: A. H. [Signature] **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (408) 526-3000
 Date Daytime Phone #

CR2E034 (9/96)